

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G47058 (4)
1. Corporation Name
MEDFIELD CORPORATION

Principal Place of Business Mailing Address
3820 STATE STREET SANTA BARBARA CA 93105

FILED
98 MAR -4 PM 12: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/01/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		95-4107209	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BROWN, SCOTT M		1.2 NAME	800002448658--3			
STREET ADDRESS	3820 STATE STREET		1.3 STREET ADDRESS	-03/05/98--01114--009			
CITY-ST-ZIP	SANTA BARBARA CA 93105		1.4 CITY-ST-ZIP	***150.00 ***150.00			
TITLE	VT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ANDERSONS, MARIS		2.2 NAME				
STREET ADDRESS	3820 STATE STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	SANTA BARBARA CA 93105		2.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LAYNE, DAVID W.		3.2 NAME				
STREET ADDRESS	14001 DALLAS PARKWAY		3.3 STREET ADDRESS				
CITY-ST-ZIP	DALLAS TX 75240		3.4 CITY-ST-ZIP				
TITLE	AT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HIXON, LAWRENCE		4.2 NAME				
STREET ADDRESS	3820 STATE STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP	SANTA BARBARA CA 93105		4.4 CITY-ST-ZIP				
TITLE	AT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MCMULLEN, TERENCE		5.2 NAME				
STREET ADDRESS	3820 STATE STREET		5.3 STREET ADDRESS				
CITY-ST-ZIP	SANTA BARBARA CA 93105		5.4 CITY-ST-ZIP				
TITLE	AS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	LUNDGREN, ALAN		6.2 NAME	AS Richard B. Silver			
STREET ADDRESS	3820 STATE STREET		6.3 STREET ADDRESS	3820 State Street			
CITY-ST-ZIP	SANTA BARBARA CA 93105		6.4 CITY-ST-ZIP	Santa Barbara, CA 93105			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)

Handwritten signature/initials