

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G47058

1. Corporation Name  
MEDFIELD CORPORATION

Principal Place of Business  
3820 STATE STREET  
SANTA BARBARA CA 93105

Mailing Address  
3820 STATE STREET  
SANTA BARBARA CA 93105

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc  
22 City & State  
23 Zip Country  
24 25

26 Suite, Apt #, etc  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name  
82 Street Address (P.O. Box Numbers Not Acceptable)  
83 City  
84 City  
85 Zip Code  
FL

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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the day thereof

(NOTE: Registered Agent signature is required for all changes.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSONS, MARIS	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	LAYNE, DAVID W.	
STREET ADDRESS	14001 DALLAS PARKWAY	
CITY-ST-ZIP	DALLAS TX 75240	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	HIXON, LAWRENCE	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MCMULLEN, TERENCE	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SILVER, RICHARD B	
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA CA 93105	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	100002950211--9	
14 CITY-ST-ZIP	-04/28/99--01106--009	
21 TITLE	***150.00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	***150.00	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Caitlin M. Larsen	
33 STREET ADDRESS	3820 State Street	
34 CITY-ST-ZIP	Santa Barbara, CA 93105	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	DPS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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, with all other like empowered.

SIGNATURE *Caitlin Larsen*

Caitlin M. Larsen, Asst. Sec.

4/8/99

805/563-7075



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified  
07/01/1983
- 4. FEI Number  
95-4107209
- 5. Certificate of Status Desired  Applied For  Not Applicable  
\$8.75 Additional Fee Required
- 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
- 8. This corporation owes the current year Intangible Personal Property Tax  Yes  No
- 10. Name and Address of New Registered Agent

0955073

CR2E034 (1/1/98)