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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:35

DOCUMENT # **P29402** **(5)**

1. Corporation Name
CHESTERFIELD INVESTMENTS, INC.

Principal Place of Business	Mailing Address
23632 CALABASAS ROAD SUITE 102 CALABASAS CA 91302 US	23632 CALABASAS ROAD SUITE 102 CALABASAS CA 91302 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/18/1990	3a. Date of Last Report: 02/18/1994
2. Principal Place of Business (21): 11835 Olympic Boulevard	2a. Mailing Address (26): 11835 Olympic Boulevard
Suite, Apt. #, etc. (22): Suite 975	Suite, Apt. #, etc. (27): Suite 975
City & State (23): West Los Angeles CA	City & State (28): West Los Angeles CA
Zip (24): 90064 Country (25): US	Zip (29): 90064 Country (30): US
4. FEI Number: 95-4238446 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ADELMAN, JACK	12 NAME	
STREET ADDRESS	100 MAIDEN LANE	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	
TITLE	VDST	21 TITLE V	☒ Change ☐ Addition
NAME	HENDERSON-WILLIAMS DAVID	22 NAME	LYNCH, ALLEN
STREET ADDRESS	3643 VIA DEL PRADO	23 STREET ADDRESS	11835 Olympic Boulevard, Ste 975
CITY-ST-ZIP	CALABASAS CA	24 CITY-ST-ZIP	West Los Angeles, CA 90064
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WINGATE, ROGER	32 NAME	
STREET ADDRESS	38 CURZON ST.	33 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ENGLAND	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added in connection with an addition.

SIGNATURE: _____ 3/27/95 (30) 473-9796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04/2015 FP