2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2018
Secretary of State
CC9619116653

DOCUMENT# F03000004693

Entity Name: WESTFIELD SERVICES, INC.

Current Principal Place of Business:

ONE PARK CIRCLE
LEGAL DEPARTMENT
WESTFIELD CENTER, OH 44251

Current Mailing Address:

ONE PARK CIRCLE
LEGAL DEPARTMENT
WESTFIELD CENTER, OH 44251

FEI Number: 34-1861077

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OHIO FARMERS INSURANCE COMPANY
WOOD RIDGE II PROFESSIONAL PLAZA
2403 S.E. 17TH STREET, SUITE 401
OCALA, FL 34471 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN H T BATCHELDER 05/01/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CCEO	Title	PRES
Name	LARGENT, EDWARD J	Name	PARK, JON W
Address	P.O. BOX 5001	Address	ONE PARK CIRCLE, P.O. BOX 5001
City-State-Zip:	WESTFIELD CENTER OH 44251-5001	City-State-Zip:	WESTFIELD CENTER OH 44251-5001
Title	T	Title	SEC
Name	KOHMANN, JOSEPH C	Name	CARRINO, FRANK A
Address	ONE PARK CIRCLE, P.O. BOX 5001	Address	P.O. BOX 5001
City-State-Zip:	WESTFIELD CENTER OH 44251-5001	City-State-Zip:	WESTFIELD CENTER OH 44251-5001
Title	E		
Name	BOWERMAN, BRIAN R		
Address	P.O. BOX 5001		
City-State-Zip:	WESTFIELD CENTER OH 44251-5001		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK CARRINO SECRETARY 05/01/2018

Electronic Signature of Signing Officer/Director Detail — Date