

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 840852 (8)

1. Corporation Name

THE FAIRFIELD ENGINEERING COMPANY

Principal Place of Business

Mailing Address

**324 BARNHART ST.
PO BOX 526
MARION OH 43302**

**324 BARNHART ST.
PO BOX 526
MARION OH 43302**



2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/14/1978	3a. Date of Last Report 05/01/1995
4. FEI Number 31-4176470	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOHE, NAOMI 434 BEVERLY AVE. PORT CHARLOTTE FL 33952	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
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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

Signature of the person named in Block 9 and the Approver

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALKER, J H <input type="checkbox"/> DELETE 1155 CHAMPAGNE DR MARION, OH 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input checked="" type="checkbox"/> DELETE DELA TE BARNHOUSE AS SECRETARY 4018 HILLMAN-FORD RD MORRAL, OH 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT WALKER, J.L <input type="checkbox"/> DELETE 1922 CHAPEL HTS.RD. MARION OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS <input type="checkbox"/> DELETE HOUSE, J. E. 645 HENRY STREET MARION OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WALKER, J.H. 1155 CHAMPAGNE DR MARION, OH 43302
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BARNHOUSE, P.E. 4018 HILLMAN-FORD RD MORRAL, OH 43337
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HOUSE, J.E. 5130 MARION-EDISON RD MARION, OH 43302
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: 

Jay L. Walker, President & Treasurer

June 10, 1996 614-387-3327

Date

Typed Name

CR2E034 (3/96)