FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 4:25

DOCUMENT # **F58321** **(3)**

1. Corporation Name
FAI, INC.

Principal Place of Business	Mailing Address
C T CORPORATION SYSTEM 9751 W BROWARD BLVD PLANTATION FL 33324	C T CORPORATION SYSTEM 9751 W BROWARD BLVD PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/14/1981**	3a. Date of Last Report: **04/26/1994**		
2. Principal Place of Business (21)	2a. Mailing Address (26): **8401 CONNECTICUT AVE**	4. FEI Number: **52-1266267**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27): **Suite 1010**	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State (23)	City & State (28): **CHEVY CHASE**	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip (24) / Country (25)	Zip (29): **MD 20815** / Country (30): **USA**	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MANFUSO, JOHN A JR	12 NAME	
STREET ADDRESS	8112 KERRY LANE	13 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MANFUSO, ROBERT T	22 NAME	
STREET ADDRESS	1975 MCKENDREE RD.	23 STREET ADDRESS	
CITY-ST-ZIP	W. FRIENDSHIP MD	24 CITY ST ZIP	
TITLE	ATD	31 TITLE	☐ Change ☐ Addition
NAME	PARAS, ANN M.	32 NAME	
STREET ADDRESS	6 CORTE LAS CASAS	33 STREET ADDRESS	
CITY ST ZIP	TIBURON CA	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	MILLER, ELIZABETH M.	42 NAME	
STREET ADDRESS	4138 S. HWY. 105	43 STREET ADDRESS	
CITY ST ZIP	SEDALIA CO	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	MORRISON, ZELMA M.	52 NAME	
STREET ADDRESS	7705 CHATHAM RD.	53 STREET ADDRESS	
CITY ST ZIP	CHEVY CHASE MD	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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John C. MacFarlane — 4/13/95 — 301-986-0525
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — DATE — DAYTIME PHONE #

0631700 CP