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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
For Profit 1995

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

DOCUMENT # P00252 (7)

1. Corporation Name
FAIRFIELD MORTGAGE CORPORATION

200001450642
-04/07/95--01048--014
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
POST OFFICE BOX 3375 LITTLE ROCK AR 72203	POST OFFICE BOX 3375 LITTLE ROCK AR 72203

3. Date Incorporated or Qualified: 12/13/1983
3a. Date of Last Report: 04/27/1994
4. FEI Number: 71-0450393 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

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

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 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	HOWETH, ROBERT W.	12 NAME	
STREET ADDRESS	2800 CANTRELL ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	DUMENY, MARCEL J	22 NAME	
STREET ADDRESS	2800 CANTRELL ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	MCCONNELL, JOHN D.	32 NAME	
STREET ADDRESS	2800 CANTRELL ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR	34 CITY-ST-ZIP	
TITLE	VAS	41 TITLE	☐ Change ☐ Addition
NAME	KLING, DANIEL	42 NAME	
STREET ADDRESS	2800 CANTRELL ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	BENNETT, WILLIAM J.	52 NAME	
STREET ADDRESS	2800 CANTRELL ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

SS 4/5/95

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

SIGNATURE: William J. Bennett 3/13/95 501-664-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074711