2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# P00252

Entity Name: FAIRFIELD MORTGAGE CORPORATION

Current Principal Place of Business:

8427 SOUTH PARK CIR.
ORLANDO, FL 32819

New Principal Place of Business:

8427 SOUTH PARK CIRCLE
ORLANDO, FL 32819

Current Mailing Address:

1 CAMPUS DR.
3B LEAGL DEPARTMENT
PARSIPPANY, NJ 07054

New Mailing Address:

1 CAMPUS DR.
3B LEGAL DEPARTMENT
PARSIPPANY, NJ 07054

FEI Number: 71-0450393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DEVP ( ) Delete
Name: BUCKMAN, JAMES E
Address: 9 WEST 57TH ST., 37TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: DCEO ( ) Delete
Name: HOLMES, STEPHEN
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: D ( ) Delete
Name: WYSHNER, DAVID
Address: 1 CAMPUS DR.
City-St-Zip: PARSIPPANY, NJ 07054

Title: P ( ) Delete
Name: HANNING, FRANZ S
Address: 5427 SOUTH PARK CIR.
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Delete
Name: HUBER, JOSEPH
Address: 1 CAMPUS DR.
City-St-Zip: PARSIPPANY, NJ 07054

Title: T ( ) Delete
Name: COCROFT, DUNCAN H
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D/T (X) Change ( ) Addition
Name: WYSHNER, DAVID
Address: 1 CAMPUS DR.
City-St-Zip: PARSIPPANY, NJ 07054

Title: P (X) Change ( ) Addition
Name: HANNING, FRANZ S
Address: 5427 SOUTH PARK CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: EVP (X) Change ( ) Addition
Name: HULL, ANTHONY E
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN A. FELDMAN VP 01/07/2004
Electronic Signature of Signing Officer or Director — Date