2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00252

FILED Apr 21, 2006 Secretary of State

Entity Name: FAIRFIELD MORTGAGE CORPORATION

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	JTH PARK CIR(O, FL 32819	CLE			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
1 CAMPU PARSIPP	S DR. ANY, NJ 07054	ļ			
FEI Number	r: 71-0450393	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Surrent Registered Agent:	Name and Address	s of New Registered Agent:	
1201 HAY TALLAHA	ATION SERVIC S STREET SSEE, FL 3230	012525 US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or bot	
SIGNATU					
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	GES TO OFFICERS AND DIRECT	
Title: Name: Address: City-St-Zip:	D () BUCKMAN, JAN 9 WEST 57TH S NEW YORK, N	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
				() Change () Addition	
Title: Name: Address: City-St-Zip:	D () HOLMES, STEF 1 CAMPUS DRI PARSIPPANY, I	VE	Title: Name: Address: City-St-Zip:	() Shange () / hadash	
Name: Address:	HOLMES, STEF 1 CAMPUS DRI PARSIPPANY, I	PHEN P VE NJ 07054 Delete VID B VE	Name: Address:	() Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	HOLMES, STEF 1 CAMPUS DRI PARSIPPANY, I DT () WYSHNER, DA 1 CAMPUS DRI PARSIPPANY, I	PHEN P VE NJ 07054 Delete VID B VE NJ 07054 Delete NZ S ARK CIRCLE	Name: Address: City-St-Zip: Title: Name: Address:		
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	HOLMES, STEF 1 CAMPUS DRI PARSIPPANY, I DT () WYSHNER, DA 1 CAMPUS DRI PARSIPPANY, I P () HANNING, FRAI 8427 SOUTH PORLANDO, FL	PHEN P VE NJ 07054 Delete VID B VE NJ 07054 Delete NZ S ARK CIRCLE 32819 Delete PH J VE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOSEPH HUBER VP 04/21/2006