Apr 29, 1999 8:00 am Secretary of State

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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P02429

1. Corporation Name

FAIRFIELD GROUP, INC.

Principal Place of Business		Mailing Address	Mailing Address				# 14#4#   MAJ WIWII	Billi bilti gratt	B1211 #1211 1221
721 DRESHER ROAD		721 DRESHER ROAD	721 DRESHER ROAD						
SUITE 2400		SUITE 2400				DO NOT WRITE IN THIS SPACE			
HORSHAM PA 19044		HUHSHAM PA 19044	HORSHAM PA 19044			3. Date Incorporated or Qualifed			
						06/15/1984			
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26		_		23-2720792		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	ı 🗆	•	Additional
22		27							equired
City & State	e	City & State				6. Election Campaign Financia	ng 🗀	•	May Be to Fees
23	Country		Coun	ntrv		Trust Fund Contribution  8. This corporation owes the contribution	surrent year l		10 F665
Zip 24	25	<del></del>	30	,		Personal Property Tax.	unent year n	∐ Yes	No
241	9. Name and Address of Curr		JO  			10. Name and Address of Ne	w Registere	d Agent	
	J. Halling and the state of the	<u> </u>		81	Name		_		
	PORATION SERVICE COMPAN	ΙΥ	-	82	Stroot Addres	ss (P.O. Box Number is Not Acce	entable)		
	HAYES STREET			<b>°</b> 2	Olleet Addres	SS (1:0. DOX NUMBER IS NOT NOW			
TALL	AHASSEE FL 32301			83					
			-	84	City			85 Zip	Code
								L	
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Star	te of Florida. Such change was at	uthonzed	by ti	named corpor he corporation	ration submits this statement for i's board of directors. I hereby ac	the purpose of cept the app	of changing its ointment as re	s registered egistered
office or re agent. I as	egistered agent, or both, in the Starm familiar with, and accept the obligation of the obligation of the start of the star	te of Florida. Such change was at gations of, Section 607.0505, Flor agent and title if applicable. (NOTE:	uthorized rida Statu : Registered /	by ti	named corpor he corporation signature required	n's board of directors. I nereby ac	DATE	Ontinent as re	
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14. I hereby certify that the information supplied with this filing 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRESS

CITY-ST-ZIP