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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-12-95 6-3827-
CORPORATION
ANNUAL REPORT
1995
FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P26887

(0)

1. Corporation Name

FAIRFIELD FMC CORPORATION

Principal Place of Business

DEPT 924.13
10400 FERNWOOD ROAD
BETHESDA MD 20817
US

Mailing Address

DEPT 924.13
10400 FERNWOOD ROAD
BETHESDA MD 20817
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/13/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 52-1652165	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. This corporation has liability for intangible tax under S. 193.032, Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	THE PRENTICE-HALL CORPORATION SYSTEM, INC.		
82 Street Address (P.O. Box Number is Not Acceptable)	1201 HAYS STREET SUITE 105		
83			
84 City	TALLAHASSEE	85 FL	86 Zip Code 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	TIEFEL, WILLIAM R	1.2 NAME	TODD CLIST
STREET ADDRESS	10400 FERNWOOD ROAD	1.3 STREET ADDRESS	10400 FERNWOOD ROAD
CITY - ST - ZIP	BETHESDA MD	1.4 CITY - ST - ZIP	BETHESDA, MD 20817
TITLE	VD	2.1 TITLE	VD
NAME	WALKER, MYRON D	2.2 NAME	JOSEPH RYAN
STREET ADDRESS	10400 FERNWOOD ROAD	2.3 STREET ADDRESS	10400 FERNWOOD ROAD
CITY - ST - ZIP	BETHESDA MD	2.4 CITY - ST - ZIP	BETHESDA, MD 20817
TITLE	S	3.1 TITLE	
NAME	MCGLOCTON, JOAN REC TOR	3.2 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	BETHESDA MD	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	
NAME	BENZ, NANCY L.	4.2 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BETHESDA MD	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	D
NAME	CLIST, TODD	5.2 NAME	KEVIN M. KIMBALL
STREET ADDRESS	10400 FERNWOOD ROAD	5.3 STREET ADDRESS	10400 FERNWOOD ROAD
CITY - ST - ZIP	BETHESDA MD	5.4 CITY - ST - ZIP	BETHESDA, MD 20817
TITLE	T	6.1 TITLE	
NAME	MURPHY, RAYMOND G	6.2 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	BETHESDA MD	6.4 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:

Nancy L. Benz
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

Nancy L. Benz

4-12-95

301-390-3000