

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P26887 (0)
1. Corporation Name
FAIRFIELD FMC CORPORATION



Principal Place of Business Mailing Address
DEPT 924.13 DEPT 924.13
10400 FERNWOOD ROAD 10400 FERNWOOD ROAD
BETHESDA MD 20817 BETHESDA MD 20817
US US

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 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
11/13/1989 04/19/1995
4. FEI Number Applied For
52-1652165 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent or director

NOTE: Registered Agent signature required for filing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO CLIST, TODD 10400 FERNWOOD ROAD BETHESDA MD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD RYAN, JOSEPH 10400 FERNWOOD ROAD BETHESDA MD	2. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	S MCGLOCKTON, JOAN RECTOR 10400 FERNWOOD ROAD BETHESDA MD	3. STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	AS BENZ, NANCY L. 10400 FERNWOOD ROAD BETHESDA MD	4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D KIMBALL, KEVIN M 10400 FERNWOOD ROAD BETHESDA MD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T MURPHY, RAYMOND G 10400 FERNWOOD ROAD BETHESDA MD	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 SIGNING OFFICER OR DIRECTOR

NANCY L. BENZ

APR 24 1996

(301)380-1233

CR2E034 (12/95)