

Mailing Address

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P26887 1. Corporation Name

Principal Place of Business

FAIRFIELD FMC CORPORATION

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90173 014 ***150.00



DEPT 924.13 10400 FERNWO	ON DOAN	DEPT 924.13 10400 FERNWOOD ROAD			
BETHESDA MD	BETHESDA MD 20817			DO NOT WRITE IN THIS SPACE	
US		US			Date Incorporated or Qualifed 1/13/1989
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
· ·	200 of Buomeds	26			52-1652165 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certifcate of Status Desired
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	· ·		8. This corporation owes the current year Intangible
24	25		30		Personal Property Tax. Yes No
	9. Name and Address of Cui	rrent Registered Agent		T	10. Name and Address of New Registered Agent
Iba	POTENTIOT LINE CONDODAT	ON OVOTEN INC	81	Name	
	PRENTICE-HALL CORPORATI	ION SYSTEM, INC.	82	Street	Address (P.Q. Box Number is Not Acceptable)
	HAYS STREET SUITE 105				
TALL	AHASSEE FL 32301		83		
			84	′	FL 85 Zip Code
11. Pursuant f	to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes	, the abov	e-named	corporation submits this statement for the purpose of changing its registered
l office or re	edistered agent or both in the St	ate of Florida. Such change was aut ligations of, Section 607.0505, Florid	norizea av	tine corpo	oration's board of directors. I hereby accept the appointment as registered
_	II lamilar with and accopt the op	ngations of, bestian earlesse, men			•
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE, 8	Registered Age	nt signature r	required when reinstating) DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLIST, TODD		1.2 NAME		
STREET ADDRESS	10400 FERNWOOD ROAD		1	TADDRESS	
l 1	BETHESDA MD		1.4 CITY-S		
CITY-ST-ZIP	VI DETTICODA IND	☐ DELETE	2.1 TITLE	1-211	☐ Change ☐ Addition
l i	DVAN KOCEDU				
NAME	RYAN, JOSEPH		2 2 NAME		
STREET ADDRESS	10400 FERNWOOD ROAD			TADDRESS	
CITY-ST-ZIP	BETHESDA MD		2. 4 CITY-	ST-ZIP	Cenvoluru Change Madditio
TITLE	\$	☑ DELETE	3.1 TITLE		Secretary Change Addition
NAME	MCGLOCKTON, JOAN R		3.2 NAME		W. DAVID ITMITT
STREET ADDRESS	10400 FERNWOOD ROAD		3.3 STREE	TADDRESS	10400 Fernwood nome
CITY-ST-ZIP	BETHESDA MD		3.4. CITY-	ST-ZIP	10400 Fernwood Road Bethesda, MD 20817
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BENZ, NANCY L.		4. 2 NAME		
STREET ADDRESS	10400 FERNWOOD ROAD		4.3 STREE	T ADDRESS	
CITY-ST-ZIP	BETHESDA MD		4.4 CITY-5	T-ZIP	
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	KIMBALL, KEVIN M		5.2 NAME		
STREET ADDRESS	10400 FERNWOOD ROAD		5.3 STREE	T ADDRESS	
	BETHESDA MD		5.4 CITY-5		
CITY-ST-ZIP TITLE	T		6.1 TITLE		☐ Change ☐ Addition
	MURPHY, RAYMOND G	_ 5	6.2 NAME		
NAME				T ADDRESS	
STREET ADDRESS	10400 FERNWOOD ROAD				
CITY-ST-ZIP	BETHESDA MD		6.4 CITY-5	T-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR