

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 4:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02429** (9)  
1. Corporation Name:  
**FAIRFIELD GROUP, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **200 GIBRALTAR ROAD HORSHAM PA 19044**  
Mailing Address: **200 GIBRALTAR ROAD HORSHAM PA 19044**

3. Date Incorporated or Qualified: **06/15/1984** 3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **23-2257280** 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**  
6. The corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. State: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent or Agent for Acceptance of Appointment) \_\_\_\_\_ (Signature of Registered Agent or Agent for Acceptance of Appointment)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>CURLEY, JOHN F. JR.</b>
STREET ADDRESS	<b>111 S CALVERT ST</b>
CITY, ST, ZIP	<b>BALTIMORE MD</b>
TITLE	<b>PD</b>
NAME	<b>BRUZDA, FRANCIS J.</b>
STREET ADDRESS	<b>200 GIBRALTER RD</b>
CITY, ST, ZIP	<b>HORSHAM PA</b>
TITLE	<b>D</b>
NAME	<b>TABER, EDWARD A. III</b>
STREET ADDRESS	<b>111 S CALVERT ST</b>
CITY, ST, ZIP	<b>BALTIMORE MD</b>
TITLE	<b>VD</b>
NAME	<b>LESHER, JAMES R.</b>
STREET ADDRESS	<b>200 GIBRALTER RD</b>
CITY, ST, ZIP	<b>HORSHAM PA</b>
TITLE	<b>VD</b>
NAME	<b>BRADLEY, E. TRAVIS</b>
STREET ADDRESS	<b>200 GIBRALTER RD</b>
CITY, ST, ZIP	<b>HORSHAM PA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME		
1. STREET ADDRESS		
1. CITY, ST, ZIP		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	<b>WALKER, ROBERT J.</b>	
1. STREET ADDRESS	<b>200 GIBRALTAR RD</b>	
1. CITY, ST, ZIP	<b>HORSHAM, PA</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME		
1. STREET ADDRESS		
1. CITY, ST, ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	<b>LESHER, JAMES R.</b>	
1. STREET ADDRESS	<b>200 GIBRALTAR RD</b>	
1. CITY, ST, ZIP	<b>HORSHAM, PA</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	<b>DELANEY, JOHN B.</b>	
1. STREET ADDRESS	<b>200 GIBRALTAR RD</b>	
1. CITY, ST, ZIP	<b>HORSHAM, PA</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME		
1. STREET ADDRESS		
1. 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 131.07(3)(b), Florida Statutes. I further certify that the information was filed on this annual report or supplemental annual report as 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 treasurer 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 of a handwritten filing in accordance with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JAMES R. LESHER, VICE PRESIDENT**

4/25/95 (215) 443-7850