


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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90209 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02429

1. Corporation Name
FAIRFIELD GROUP, INC.

Principal Place of Business 721 DRESHER ROAD SUITE 2400 HORSHAM PA 19044	Mailing Address 721 DRESHER ROAD SUITE 2400 HORSHAM PA 19044
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/15/1984	
21		26		4. FEI Number 23-2720792	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURLEY, JOHN F. JR.	1.2 NAME	
STREET ADDRESS	111 S CALVERT ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, ROBERT J. J	2.2 NAME	721 DRESHER ROAD, SUITE 2400
STREET ADDRESS	200 GIBRALTAR ROAD	2.3 STREET ADDRESS	HORSHAM PA 19044
CITY-ST-ZIP	HORSHAM PA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TABER, EDWARD A. III	3.2 NAME	
STREET ADDRESS	111 S CALVERT ST	3.3 STREET ADDRESS	100 LIGHT STREET
CITY-ST-ZIP	BALTIMORE MD	3.4 CITY-ST-ZIP	BALTIMORE MD 21202
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR, SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEVE, TIMOTHY C	4.2 NAME	
STREET ADDRESS	111 S CLAVERT ST	4.3 STREET ADDRESS	100 LIGHT STREET
CITY-ST-ZIP	BALTIMORE MD	4.4 CITY-ST-ZIP	BALTIMORE MD 21202
TITLE	VPTS <input type="checkbox"/> DELETE	5.1 TITLE	VICE PRESIDENT, TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERARD J WILLIS	5.2 NAME	
STREET ADDRESS	200 GIBRALTAR ROAD	5.3 STREET ADDRESS	721 DRESHER ROAD, SUITE 2400
CITY-ST-ZIP	HORSHAM PA	5.4 CITY-ST-ZIP	HORSHAM PA 19044
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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: *Sec. Harris* **SIGNATURE REQUIRED** **4/21/99** (215) 657-9400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X20

CR2E034 (11/98)