FILE NOW: FILING FEE IS $61.25

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

02-10-1999 90046 013 *****70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 806001

1. Corporation Name
MORETRENCH AMERICAN CORPORATION

Principal Place of Business	Mailing Address
100 STICKLE AVE. ROCKAWAY NJ 07866	P.O. BOX 316 ROCKAWAY NJ 07866

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/25/1945
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 22-1126840 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒X **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS 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
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DONOHOE, JOHN F		1.2 NAME		
STREET ADDRESS	21 CONISTON ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SHORT HILLS NJ 07078		1.4 CITY-ST-ZIP		
TITLE	VST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TELESMANICH, RICHARD C		2.2 NAME		
STREET ADDRESS	81 BAYLOR AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HILLSDALE NJ 07642		2.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CORWIN, ARTHUR B		3.2 NAME		
STREET ADDRESS	4 HASTING ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MORRIS PLAINS NJ 07950		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCCANN, JOSEPH M		4.2 NAME		
STREET ADDRESS	53 WALSINGHAM ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MENDHAM NJ 07945		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCHUGH, MICHAEL M		5.2 NAME		
STREET ADDRESS	119 RIDGE ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ARDSLEY NY 10502		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TEUNE, PETER		6.2 NAME		
STREET ADDRESS	185 CEDAR LAKE ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	BLAIRSTOWN NJ 07825		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 617, 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 REQUIRED 1-21-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # (973) 627-2100

CR2E037 (11/98)