## 2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

## FILED **DOCUMENT #806001** Feb 04, 2000 8:00 am 1. Entity Name **Secretary of State** MORETRENCH AMERICAN CORPORATION 02-04-2000 90081 022 \*\*\*\*70.00 Mailing Address Principal Place of Business P.O. BOX 316 100 STICKLE AVE. ROCKAWAY NJ 07866 ROCKAWAY NJ 07866-0316 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 22-1126840 Not Applicable Country \$8.75 Additional Zip Country X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name\_ Street Address (P.O. Box Number is Not Acceptable) CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City Fl 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME DONOHOE, JOHN F STREET ADDRESS STREET ADDRESS 121 CONISTON ROAD CITY-ST-ZIP CITY-ST-ZIE SHORT HILLS NJ 07078 ☐ Addition ☐ Change VST ☐ Delete TITLE TITLE TELESMANICH, RICHARD C NAME NAME STREET ADDRESS STREET ADDRESS 181 Baylor Avenue CITY-ST-ZIP CITY-ST-ZIF HILLSDALE NJ 07642 Change Addition ☐ Delete TITLE IEVP TITI É NAME Corwin, Arthur B NAME STREET ADDRESS STREET ADDRESS 4 Hasting Road CITY-ST-ZIP CITY-ST-ZIF MORRIS PLAINS NJ 0795<u>0</u> ☐ Change Addition ☐ Delete TITLE TITLE MCCANN, JOSEPH M NAME NAME STREET ADDRESS STREET ADDRES 53 WALSINGHAM ROAD CITY-ST-ZIP CITY-ST-ZIP MENDHAM NJ 07945 ☐ Addition ☐ Change Delete TITLE TITLE Mchugh. Michael M MASAE STREET ADDRESS STREET ADDRESS 119 RIDGE ROAD CITY-ST-ZIP CITY-ST-ZIP ARDSLEY NY 10502 ☐ Change ☐ Addition TITLE ias ☐ Delete TITLE Teune, Peter NAME NAME STREET ADDRESS STREET ADDRESS 1185 CEDAR LAKE ROAD CITY-ST-ZIP CITY-ST-ZIP **IBLAIRSTOWN NJ 07825** 12. 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 report or supplemental 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 at trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE DESIGNATION OF PRINTER NAME OF SIGNATURE OF PRINCE SEC 'y-Treasurer Dato Daytime Phone #