

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2001 8:00 am**
Secretary of State

02-01-2001 90075 018 ****70.00

DOCUMENT # 806001

1. Entity Name

MORETRENCH AMERICAN CORPORATION

Principal Place of Business

**100 STICKLE AVE.
ROCKAWAY NJ 07866**

Mailing Address

**P.O. BOX 316
ROCKAWAY NJ 07866**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-1126840

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP DONOHOE, JOHN F 21 CONISTON ROAD SHORT HILLS NJ 07078	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST TELESMANICH, RICHARD C 81 BAYLOR AVENUE HILLSDALE NJ 07642	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CORWIN, ARTHUR B 4 HASTING ROAD MORRIS PLAINS NJ 07950	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCANN, JOSEPH M 53 WALSINGHAM ROAD MENDHAM NJ 07945	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCHUGH, MICHAEL M 119 RIDGE ROAD ARDSLEY NY 10502	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TEUNE, PETER 185 CEDAR LAKE ROAD BLAIRSTOWN NJ 07825	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 reports 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01 973-627-2100 (X-220)

Date

Daytime Phone #

CR2E037 (10/00)