2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 806001

1. Entity Name
MORETRENCH AMERICAN CORPORATION

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

02272007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	DONOHOE, JOHN F
STREET ADDRESS	21 CONISTON ROAD
CITY-ST-ZIP	SHORT HILLS, NJ 07078
TITLE	VST
NAME	TELESMANICH, RICHARD C
STREET ADDRESS	81 BAYLOR AVENUE
CITY-ST-ZIP	HILLSDALE, NJ 07642
TITLE	P
NAME	CORWIN, ARTHUR B
STREET ADDRESS	4 HASTING ROAD
CITY-ST-ZIP	MORRIS PLAINS, NJ 07950
TITLE	VP
NAME	MCCANN, JOSEPH M
STREET ADDRESS	53 WALSINGHAM ROAD
CITY-ST-ZIP	MENDHAM, NJ 07945
TITLE	VP
NAME	MCHUGH, MICHAEL M
STREET ADDRESS	119 RIDGE ROAD
CITY-ST-ZIP	ARDSLEY, NY 10502
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/07-80014-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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: Evelyn Rodriguez 03/15/07 (973) 627-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #