

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 806001

**FILED**  
**Jan 23, 2011**  
**Secretary of State**

**Entity Name:** MORETRENCH AMERICAN CORPORATION

**Current Principal Place of Business:**

100 STICKLE AVE.  
ROCKAWAY, NJ 07866

**New Principal Place of Business:**

**Current Mailing Address:**

100 STICKLE AVE.  
ROCKAWAY, NJ 07866

**New Mailing Address:**

**FEI Number:** 22-1126840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: CORWIN, ARTHUR B  
Address: 12 MARK TWAIN DRIVE  
City-St-Zip: MORRISTOWN, NJ 07960

Title: VST  
Name: TELESMANICH, RICHARD C  
Address: 81 BAYLOR AVENUE  
City-St-Zip: HILLSDALE, NJ 07642

Title: P  
Name: CORWIN, ARTHUR B  
Address: 12 MARK TWAIN DRIVE  
City-St-Zip: MORRISTOWN, NJ 07960

Title: VP  
Name: MCCANN, JOSEPH M  
Address: 53 WALSINGHAM ROAD  
City-St-Zip: MENDHAM, NJ 07945

Title: VP  
Name: MCHUGH, MICHAEL M  
Address: 119 RIDGE ROAD  
City-St-Zip: ARDSLEY, NY 10502

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD C TELESMANICH

VST

01/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date