

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002020

**Entity Name:** THE MUTUAL SERVICE OFFICE INC.**Current Principal Place of Business:**139 HARRISTOWN RD, SUITE 100  
GLEN ROCK, NJ 07452**Current Mailing Address:**139 HARRISTOWN RD, SUITE 100  
GLEN ROCK, NJ 07452**FEI Number:** 52-1755454**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title VP  
Name KOZLOWSKI, JAN  
Address 139 HARRISTOWN RD, SUITE 100  
City-State-Zip: GLEN ROCK NJ 07452

Title CEO, PRESIDENT, DIRECTOR  
Name SCITES, JANICE L  
Address 139 HARRISTOWN ROAD, STE 100  
City-State-Zip: GLEN ROCK NJ 07452

Title DIR  
Name AYERS, JAMES  
Address 5 BROAD STREET  
City-State-Zip: BRANCHVILLE NJ 07826

Title DIRECTOR  
Name GAGE, ROBERT  
Address 411 S. STATE STREET  
City-State-Zip: NEWTOWN PA 18940

Title S  
Name TREUVEY, LAURA  
Address 139 HARRISTOWN RD, SUITE 100  
City-State-Zip: GLEN ROCK NJ 07452

Title DIR, TREASURER  
Name JONES, KENT  
Address 231 BERTHA AVENUE  
City-State-Zip: WOODSTOWN NJ 08098-1256

Title DIRECTOR  
Name APPLGATE, DONALD  
Address 9 HICKORY DRIVE  
City-State-Zip: COLUMBUS NJ 08022

Title DIRECTOR  
Name SORENSEN, ALLEN RAY  
Address 118 2ND AVENUE SOUTHEAST  
City-State-Zip: CEDAR RAPIDS IA 52401

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*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:** LAURA TREUVEY**SECRETARY****02/19/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PETERS, RANDALL S  
Address 9 NORTH BRANCH ROAD  
City-State-Zip: CUBA NY 14727

Title DIRECTOR  
Name FARON, MICHAEL  
Address 222 AMES STREET  
City-State-Zip: DEDHAM MA 02027

Title DIRECTOR  
Name KUCERA, JEFFREY L  
Address 50 SENECA WEST  
City-State-Zip: HAWTHORN WOODS IL 60047

Title VP OF ACTUARIAL SERVICES  
Name MCKECHNIE, IAN  
Address 139 HARRISTOWN RD, SUITE 100  
City-State-Zip: GLEN ROCK NJ 07452