

2013 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:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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 133 FRANKLIN CORNER ROAD
City-State-Zip: LAWRENCEVILLE NJ 08648

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 125 WEST BROADWAY
City-State-Zip: SALEM NJ 08079

Title DIRECTOR
Name APPLGATE, DONALD
Address 23 ROYAL ROAD
SUITE 100
City-State-Zip: FLEMINGTON NJ 08822

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****03/06/2013**

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