

SCC eFile
(6/10)

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212501125

1.) CORPORATION NAME:

The Mutual Service Office, Inc. (USED IN VA BY:MSO, INC.)

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS, INC.

4001 NORTH NINTH STREET

SUITE 227

ARLINGTON, VA 22203

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NJ

DUE DATE: **1/31/2012**

SCC ID NO: **F1849431**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 139 HARRISTOWN ROAD

CITY/ST/ZIP: GLEN ROCK, NJ 07452-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JAN A KOZLOWSKI
TITLE: VICE PRESIDENT
ADDRESS: 139 HARRISTOWN ROAD
CITY/ST/ZIP/CO: GLEN ROCK, NJ 07452-

OFFICER

DIRECTOR

NAME: JAMES W TOWNLEY
TITLE: PRES, TREAS
ADDRESS: 139 HARRISTOWN ROAD
CITY/ST/ZIP/CO: GLEN ROCK, NJ 07452-

OFFICER

DIRECTOR

NAME: LAURA TREUVEY
TITLE: SECRETARY
ADDRESS: 139 HARRISTOWN ROAD
CITY/ST/ZIP/CO: GLEN ROCK, NJ 07452-

OFFICER

DIRECTOR

NAME: JANICE L SCITES JD
TITLE: CEO
ADDRESS: 139 HARRISTOWN ROAD
CITY/ST/ZIP/CO: GLEN ROCK, NJ 07452-

OFFICER

DIRECTOR

NAME: KENT JONES
TITLE: DIRECTOR
ADDRESS: 125 WEST BROADWAY
CITY/ST/ZIP/CO: SALEM, NJ 08079-

OFFICER

DIRECTOR

NAME: JAMES AYRES TITLE: DIRECTOR ADDRESS: 5 BROAD STREET CITY/ST/ZIP/CO: BRANCHVILLE, NJ 07826-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DONALD APPEGATE TITLE: DIRECTOR ADDRESS: 23 ROYAL ROAD STE 100 CITY/ST/ZIP/CO: FLEMINGTON, NJ 08822-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: THOMAS INCH TITLE: DIRECTOR ADDRESS: 1518 MOUNT GRETN A ROAD CITY/ST/ZIP/CO: ELIZABETH TOWN, PA 17022-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ROBERT GAGE TITLE: DIRECTOR ADDRESS: 133 FRANKLIN CORNER ROAD CITY/ST/ZIP/CO: LAWRENCEVILLE, NJ 08648-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ALAN RAY SORENSON TITLE: DIRECTOR ADDRESS: 118 2ND AVENUE SOUTHEAST CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52401-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
<u>/s/ LAURA TREUVEY</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>LAURA TREUVEY, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>12/27/2011</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		