

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214506886

1.) CORPORATION NAME:

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

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1849431**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NJ**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 139 HARRISTOWN ROAD  
SUITE 100

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

NAME: JANICE L SCITES  OFFICER  DIRECTOR  
TITLE: CEO/PRES  
ADDRESS: 139 HARRISTOWN ROAD  
STE 100  
CITY/ST/ZIP/CO: GLEN ROCK, NJ 07452

NAME: JAN A KOZLOWSKI  OFFICER  DIRECTOR  
TITLE: VICE PRESIDENT  
ADDRESS: 139 HARRISTOWN ROAD  
STE 100  
CITY/ST/ZIP/CO: GLEN ROCK, NJ 07452

NAME: DONALD APPEGATE  OFFICER  DIRECTOR  
TITLE: CHAIRMAN/DIR  
ADDRESS: 23 ROYAL ROAD  
STE 100  
CITY/ST/ZIP/CO: FLEMINGTON, NJ 08822

NAME: LAURA TREUVEY  OFFICER  DIRECTOR  
TITLE: CORP SECRETARY  
ADDRESS: 139 HARRISTOWN ROAD  
STE 100  
CITY/ST/ZIP/CO: GLEN ROCK, NJ 07452

NAME: JAMES AYRES  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: 5 BROAD STREET  
CITY/ST/ZIP/CO: BRANCHVILLE, NJ 07826

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|--|--|--|
| NAME: ROBERT GAGE<br>TITLE: DIRECTOR<br>ADDRESS: 411 S. STATE STREET<br>CITY/ST/ZIP/CO: NEWTOWN, PA 18940  | <input type="checkbox"/> OFFICER                                     | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ALLEN RAY SORENSEN<br>TITLE: DIRECTOR<br>ADDRESS: 118 2ND AVENUE SOUTHEAST<br>CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52401   | <input type="checkbox"/> OFFICER                                     | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: RANDALL S PETERS<br>TITLE: DIRECTOR<br>ADDRESS: 9 NORTH BRANCH ROAD<br>CITY/ST/ZIP/CO: CUBA, NY 14727  | <input type="checkbox"/> OFFICER                                     | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JEFFREY L KUCERA<br>TITLE: DIRECTOR<br>ADDRESS: 50 SENECA WEST<br>CITY/ST/ZIP/CO: HAWTHORN WOODS, IL 60047   | <input type="checkbox"/> OFFICER                                     | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MICHAEL FARON<br>TITLE: DIRECTOR<br>ADDRESS: 222 AMES STREET<br>CITY/ST/ZIP/CO: DEDHAM, MA 02027   | <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.  |  |  |
| /s/ LAURA TREUVEY<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT   | LAURA TREUVEY, CORP<br>SECRETARY<br>PRINTED NAME AND CORPORATE TITLE | 1/31/2014<br>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. |  |  |