

2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 22, 2004
Secretary of State**

DOCUMENT# F02000006180

Entity Name: HATCH ASSOCIATES CONSULTANTS, INC.

Current Principal Place of Business:

GATEWAY VIEW PLAZA
1600 WEST CARSON STREET
PITTSBURGH, PA 1519-031

New Principal Place of Business:

Current Mailing Address:

GATEWAY VIEW PLAZA
1600 WEST CARSON STREET
PITTSBURGH, PA 1519-031

New Mailing Address:

FEI Number: 13-6094431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: NOLAN, RONALD R
Address: 3500 SAWMILL VALLEY DRIVE
City-St-Zip: MISSISSAUGA ONT L5L3A4,

Title: CP () Delete
Name: SMITH, RICHARD C
Address: 4690 OAKWOOD LANE
City-St-Zip: CLARENCE, NY 14031

Title: MD () Delete
Name: MACDONALD, BRUCE
Address: 49 RAEVIEW DRIVE R.R. #3
City-St-Zip: STOUFFVILLE ONT. L4S7X4,

Title: CD () Delete
Name: KARELUS, GERALD A
Address: 5225 BAYVIEW ROAD
City-St-Zip: HAMBURG, NY 14075

Title: CD () Delete
Name: MOLFESE, ROBERT
Address: 94 CAESAR BOULEVARD
City-St-Zip: BUFFALO, NY 14221

Title: CD () Delete
Name: SMITH, RICHARD
Address: 2725 BEAR RUN
City-St-Zip: PITTSBURGH, PA 15237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: LYON, THEODORE F
Address: 3142 MOHAWK DRIVE
City-St-Zip: GIBSONIA, PA 15044

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEODORE F. LYON

CD

10/22/2004

Electronic Signature of Signing Officer or Director

_____ Date