


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000006180**  
 1. Entity Name  
**HATCH ASSOCIATES CONSULTANTS, INC.**



Principal Place of Business <b>GATEWAY VIEW PLAZA          1600 WEST CARSON STREET          PITTSBURGH, PA 1519--031</b>	Mailing Address <b>GATEWAY VIEW PLAZA          1600 WEST CARSON STREET          PITTSBURGH, PA 1519--031</b>
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**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>13-6094431</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LYON, THEODORE F 3142 MOHAWK DRIVE GIBSONIA, PA 15044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SMITH, RICHARD C 4690 OAKWOOD LANE CLARENCE, NY 14031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD MACDONALD, BRUCE 49 RAEVIEW DRIVE R.R. #3 STOUFFVILLE ONT. L4S7X4,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KARELUS, GERALD A 5225 BAYVIEW ROAD HAMBURG, NY 14075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOLFESE, ROBERT 94 CAESAR BOULEVARD BUFFALO, NY 14221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SMITH, RICHARD 2725 BEAR RUN PITTSBURGH, PA 15237

U00000255969  
 03/08/05-80040-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul DeCoursey* **Paul DeCoursey** 3/1/05 412-497-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #