2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006180

Entity Name: HATCH ASSOCIATES CONSULTANTS, INC.

FILED Jan 22, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
GATEWAY VIEW PLAZA 1600 WEST CARSON STREET PITSBURGH, PA 1519-031				GATEWAY VIEW PLAZA 1600 WEST CARSON STREET PITSBURGH, PA 15219				
Current Mailing Address:				New Mailing Address:				
GATEWAY VIEW PLAZA 1600 WEST CARSON STREET PITSBURGH, PA 1519-031				GATEWAY VIEW PLAZA 1600 WEST CARSON STREET PITSBURGH, PA 15219				
FEI Number: 13-6094431 FEI Number Applied For () FEI Number			mber Not Applicable () Certificate of Status Desired ()					
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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				
Election Carr	npaign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CD ()[LYON, THEODOI 3142 MOHAWK I GIBSONIA, PA 1	DRIVE		Title: Name: Address: City-St-Zip:	()	Change() Addition	
Title: Name: Address: City-St-Zip:	CP ()[SMITH, RICHARI 177 FRONT STR LAKEWOOD, NY	EET		Title: Name: Address: City-St-Zip:	CP (X) LYON, THEODO 3142 MOHAWK GIBSONIA, PA	ORE F) Addition	
Title: Name: Address: City-St-Zip:	MD () I MACDONALD, BI 49 RAEVIEW DR STOUFFVILLE O	IVE R.R. #3		Title: Name: Address: City-St-Zip:	()	Change() Addition	
Title: Name: Address: City-St-Zip:	CD ()[KARELUS, GERA 5225 BAYVIEW I HAMBURG, NY	ROAD		Title: Name: Address: City-St-Zip:	()	Change() Addition	
Title: Name: Address: City-St-Zip:	CD () I MOLFESE, ROB 94 CAESAR BOL BUFFALO, NY 1	JLEVARD		Title: Name: Address: City-St-Zip:	CD (X) AUGUSTINE, DI 106 LONGVUE PITTSBURGH, I	ENNIS DRIVE) Addition	
Title: Name: Address: City-St-Zip:	CD () [STROBELE, KUF 68 BARRINGHAN OAKVILLE, ON I	/I DRIVE		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 CP 01/22/2007