

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006180

FILED
Mar 17, 2009
Secretary of State

Entity Name: HATCH ASSOCIATES CONSULTANTS, INC.

Current Principal Place of Business:

GATEWAY VIEW PLAZA
1600 WEST CARSON STREET
PITTSBURGH, PA 15219

New Principal Place of Business:

Current Mailing Address:

GATEWAY VIEW PLAZA
1600 WEST CARSON STREET
PITTSBURGH, PA 15219

New Mailing Address:

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: CP () Delete
Name: LYON, THEODORE F
Address: 3142 MOHAWK DRIVE
City-St-Zip: GIBSONIA, PA 15044

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: AUGUSTINE, DENNIS
Address: 106 LONGVUE DRIVE
City-St-Zip: PITTSBURGH, PA 15228

Title: CD () Delete
Name: STROBELE, KURT A
Address: 68 BARRINGHAM DRIVE
City-St-Zip: OAKVILLE, ON L6J4B2

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify 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 LYON

CP

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date