

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006180

FILED
Feb 02, 2011
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

OFFICERS AND DIRECTORS:

Title: D&P
Name: LYON, THEODORE F
Address: 3142 MOHAWK DRIVE
City-St-Zip: GIBSONIA, PA 15044

Title: D
Name: PEARSON, JOHN
Address: 2033 JOSHUAS CREEK DRIVE
City-St-Zip: OAKVILLE, ON L6H 6E5

Title: D&VP
Name: BACHENHEIMER, STEVE
Address: 324 FOX HUNT ROAD
City-St-Zip: PITTSBURGH, PA 15238

Title: D
Name: GWOZDEK, THOMAS
Address: 67 OLD ORACHARD LANE
City-St-Zip: ORCHARD PARK, NY 14127

Title: D
Name: GILL, HARBINDER
Address: 17 GLEN EAGLE COURT
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: D&C
Name: STROBELE, KURT A
Address: 68 BARRINGHAM DRIVE
City-St-Zip: OAKVILLE, ON L6J4B2

I hereby 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 all other like empowered.

SIGNATURE: JOHN P. TUMMERS

SEC

02/02/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date