

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90493 035 ***158.75

UBR
FORM

DOCUMENT # F02000006180

1. Entity Name
HATCH ASSOCIATES CONSULTANTS, INC.



Principal Place of Business
**6215 SHERIDAN DRIVE
WILLIAMSVILLE NY 14221**

Mailing Address
**6215 SHERIDAN DRIVE
WILLIAMSVILLE NY 14221**



2. Principal Place of Business
GATEWAY VIEW PLAZA

3. Mailing Address
GATEWAY VIEW PLAZA

Suite, Apt. #, etc.
1600 WEST CARSON STREET

Suite, Apt. #, etc.
1600 WEST CARSON STREET

City & State
PITTSBURGH, PA

City & State
PITTSBURGH, PA

4. FEI Number
13-6094431

Applied For
Not Applicable

Zip
15219-1031

Country

Zip
15219-1031

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NOLAN, RONALD R 3500 SAWMILL VALLEY DRIVE MISSISSAUGA ONT L5L3A4	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SMITH, RICHARD C 4690 OAKWOOD LANE CLARENCE NY 14031	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD MACDONALD, BRUCE 49 RAEVIEW DRIVE R.R. #3 STOUFFVILLE ONT. L4S7X4	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KARELUS, GERALD A 5225 BAYVIEW ROAD HAMBURG NY 14075	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOLFESE, ROBERT 10681 ROSEWOOD LANE CLARENCE NY 14031	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUMMERS, JOHN P 35 SHORTLAND CRESCENT ETOBICOKE ONT. M9R2T2	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KURT A. STROBELE 68 BARRINGHAM DRIVE OAKVILLE, ONTARIO L6J 4B2, CANADA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JOHN D. PEARSON 2033 JOSHUAS CREEK DRIVE OAKVILLE, ONTARIO L6H 6E5, CANADA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD THEODORE W. NELSON, JR. 2812 SHAMROCK DRIVE ALLISON PARK, PA 15101	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RICHARD C. SMITH 2725 BEAR RUN PITTSBURGH, PA 15237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROBERT MOLFESE 94 CAESAR BOULEVARD WILLIAMSVILLE, NY 14221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: **RICHARD C. SMITH**
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27-Feb-03
Date

412-497-2007
Daytime Phone #

CR2E034 (10/02)