

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002064

Entity Name: HIDEN ANALYTICAL, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

75 HANCOCK RD., STE H
PETERBOROUGH, NH 03458

New Principal Place of Business:

Current Mailing Address:

C/O RSA, LLC 464 HILLSIDE AVE
SUITE 202
NEEDHAM, MA 02494

New Mailing Address:

FEI Number: 02-0484938 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: PD () Delete
Name: NEALE, I.D.
Address: 420 EUROPA BLVD.
City-St-Zip: WARRINGTON ENGLAND, NA WA5 7UN UK

Title: TD () Delete
Name: BLACAS, ROBERT
Address: 420 EUROPA BLVD.
City-St-Zip: WARRINGTON ENGLAND, NA WA5 7UN UK

Title: VD () Delete
Name: HATTON, PETER
Address: 420 EUROPA BLVD.
City-St-Zip: WARRINGTON ENGLAND, NA WA5 7UN UK

Title: S () Delete
Name: ANDERSON, A. FRED
Address: 5 FOREST STREET
City-St-Zip: ANTRIM, NH 03440 US

Title: () Delete
Name:
Address:
City-St-Zip:

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: V () Change (X) Addition
Name: BUCKLEY, MARK
Address: 17233 BROOKVIEW DRIVE
City-St-Zip: LIVONIA, MI 48152 US

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: ROBERT BLACAS

TD

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date