

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000006180

**Entity Name:** HATCH ASSOCIATES CONSULTANTS, INC.

**FILED**  
**Jan 09, 2018**  
**Secretary of State**  
**CC2156208483**

**Current Principal Place of Business:**

GATEWAY VIEW PLAZA  
1600 WEST CARSON STREET  
PITTSBURGH, PA 15219

**Current Mailing Address:**

GATEWAY VIEW PLAZA  
1600 WEST CARSON STREET  
PITTSBURGH, PA 15219

**FEI Number: 13-6094431**

**Certificate of Status Desired: No**

**Name and Address of Current 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

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT AND CHIEF EXECUTIVE OFFICER  
Name LYON, THEODORE F  
Address 2800 SPEAKMAN DRIVE  
City-State-Zip: MISSISSAUGA ONTARIO L5K 2R7

Title DIRECTOR AND CHAIRMAN OF THE BOARD  
Name BIANCHINI, GIOVANNI  
Address 2800 SPEAKMAN DRIVE  
City-State-Zip: MISSISSAUGA ONTARIO L5K 2R7

Title SECRETARY  
Name TUMMERS, JOHN  
Address 2800 SPEAKMAN DRIVE  
City-State-Zip: MISSISSAUGA ONTARIO L5K 2R7

Title DIRECTOR, CFO  
Name STIRLING, DOUG  
Address 2800 SPEAKMAN DRIVE  
City-State-Zip: MISSISSAUGA ONTARIO L5K 2R7

Title ASST. SECRETARY  
Name BIANCOFIORE, SANDRA  
Address 2800 SPEAKMAN DRIVE  
City-State-Zip: MISSISSAUGA ONTARIO L5K 2R7

Title DIRECTOR  
Name SCHATZ, MICHAEL  
Address 2800 SPEAKMAN DRIVE  
City-State-Zip: MISSISSAUGA ONTARIO L5K 2R7

Title VICE CHAIRMAN OF THE BOARD  
Name AGBEDE, ROBERT O.  
Address GATEWAY VIEW PLAZA  
1600 WEST CARSON SREET  
City-State-Zip: PITTSBURGH PA 15219

*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: SANDRA BIANCOFIORE**

**ASSISTANT SECRETARY 01/09/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date