#### 2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006180

Entity Name: HATCH ASSOCIATES CONSULTANTS, INC.

**FILED** Jan 10, 2023 **Secretary of State** 8009756109CC

### **Current Principal Place of Business:**

GATEWAY VIEW PLAZA 1600 WEST CARSON STREET PITSBURGH, PA 15219

#### **Current Mailing Address:**

GATEWAY VIEW PLAZA 1600 WEST CARSON STREET PITSBURGH, PA 15219

FEI Number: 13-6094431 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DR. SUITE A

TALLAHASSEE, FL 32301 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:

Name

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR, PRESIDENT AND CHIEF Title DIRECTOR AND CHAIRMAN OF THE

> **EXECUTIVE OFFICER BOARD**

LYON, THEODORE F BIANCHINI, GIOVANNI Name Name 2800 SPEAKMAN DRIVE 2800 SPEAKMAN DRIVE Address Address

City-State-Zip: MISSISSAUGA ONTARIO L5K 2R7 City-State-Zip: MISSISSAUGA ONTARIO L5K 2R7

Title DIRECTOR Title ASST. SECRETARY

Name SCHATZ, MICHAEL Name BIANCOFIORE, SANDRA

2800 SPEAKMAN DRIVE Address 2800 SPEAKMAN DRIVE Address

City-State-Zip: MISSISSAUGA ONTARIO L5K 2R7 MISSISSAUGA L5K 2R7 City-State-Zip:

Title DIRECTOR Title DIRECTOR, TREASURER

Name DIBRITO, DOMINIC CRISP, CARLEY Name

Address 100 WEST BUTLER AVENUE Address 2800 SPEAKMAN DRIVE

AMBLER PA 19002 City-State-Zip: City-State-Zip: MISSISSAUGA L5K 2R7

ASSISTANT MANAGER OF Title FINANCE DIRECTOR Title

**ENGINEERING - SOUTH CAROLINA** BLEAM, JODY

**OPERATIONS** 

Name MYSKO, DAVID 100 WEST BUTLER AVENUE Address

1600 WEST CARSON STREET, Address City-State-Zip: AMBLER PA 19002

GATEWAY VIEW PL

City-State-Zip: PITTSBURGH PA 15219

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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.

01/10/2023 SIGNATURE: SANDRA BIANCOFIORE SECRETARY

Date

# Officer/Director Detail Continued:

Title SECRETARY

Name LALA, MATHAPELO PHILADELPHIA

Address 2800 SPEAKMAN DRIVE
City-State-Zip: MISSISSAUGA L5K2R7