

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003952

FILED
Jan 30, 2018
Secretary of State
CC8617375949

Entity Name: HATCH CHESTER, INC.

Current Principal Place of Business:

GATEWAY VIEW PLAZA
1600 WEST CARSON STREET
PITTSBURGH, PA 15219-1031

Current Mailing Address:

GATEWAY VIEW PLAZA
1600 WEST CARSON STREET
PITTSBURGH, PA 15219-1031 US

FEI Number: 25-1570566

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, CHAIRMAN
Name BIANCHINI, GIOVANNI
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 DIRECTOR AND DIRECTOR,
FINANCIAL SERVICES
Name STIRLING, DOUG
Address 2800 SPEKMAN DRIVE
City-State-Zip: MISSISSAUGA ONTARIO L5K 2R7

Title DIRECTOR, CEO, PRESIDENT
Name LYON, TED
Address GATEWAY VIEW PLAZA
1600 WEST CARSON STREET
City-State-Zip: PITTSBURGH PA 15219-1031

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

Title VC
Name AGBEDE, ROBERT O.
Address GATEWAY VIEW PLAZA
1600 WEST CARSON STREET
City-State-Zip: PITTSBURGH PA 15219-1031

Title ASSISTANT MANAGER OF
ENGINEERING, FLORIDA
OPERATIONS
Name BELLE, W. DOUGLAS
Address GATEWAY VIEW PLAZA
1600 WEST CARSON STREET
City-State-Zip: PITTSBURGH PA 15219-1031

Title ASSISTANT MANAGER OF
ENGINEERING, SOUTH CAROLINA
OPERATIONS
Name MYSKO, DAVID
Address GATEWAY VIEW PLAZA
1600 WEST CARSON STREET
City-State-Zip: PITTSBURGH PA 15219-1031

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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.

SIGNATURE: SANDRA BIANCOFIORE

ASSISTANT SECRETARY 01/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY

Name BIANCOFIORE, SANDRA

Address 2800 SPEAKMAN DRIVE

City-State-Zip: MISSISSAUGA ONTARIO L5K 2R7