


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

03-23-2005 90038 032 ***150.00

DOCUMENT # F02000004577 1. Entity Name HACH COMPANY	
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Principal Place of Business 5600 LINDBERGH DRIVE LOVELAND, CO 80538	Mailing Address PO BOX 389 LOVELAND, CO 80539
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66013125



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 42-0704420	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DITKOFF, JAMES H 2099 PENNSYLVANIA AVE., NW 12TH FLOOR WASHINGTON, DE 20006
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLENDER, PATRICK W 2099 PENNSYLVANIA AVE. NW WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COMAS, DANIEL L 2099 PENNSYLVANIA AVE. NW 12TH FLOOR WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOYCE, THOMAS 5600 LINDBERGH DRIVE LOVELAND, CO 80538
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MCMAHON, CHRISTOPHER 5600 LINDBERGH DRIVE LOVELAND, CO 80538
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DREHER, GARY R 5600 LINDBERGH DRIVE LOVELAND, CO 80538

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.13.2004

Date

970 669 3050

Daytime Phone #