

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004492

Entity Name: JOHN C. HAAS ASSOCIATES, INC.

FILED
Apr 20, 2008
Secretary of State

Current Principal Place of Business:

1301 N. ATHERTON STREET
STATE COLLEGE, PA 16803

New Principal Place of Business:

Current Mailing Address:

1301 N. ATHERTON STREET
STATE COLLEGE, PA 16803

New Mailing Address:

FEI Number: 23-2423580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAAS, JOEL C
C/O PARAMETRIC SOLUTIONS
900 EAST INDIANTOWN ROAD, SUITE 200
JUPITER, FL 33477 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: C () Delete
Name: HAAS, JEFFREY C
Address: 1301 NORTH ATHERTON STREET
City-St-Zip: STATE COLLEGE, PA 16803

Title: DV () Delete
Name: MILLER, DALLAS L
Address: 1301 N. ATHERTON STREET
City-St-Zip: STATE COLLEGE, PA 16803

Title: VD () Delete
Name: HAAS, JOHN C
Address: 1301 N. ATHERTON STREET
City-St-Zip: STATE COLLEGE, PA 16803

Title: DV () Delete
Name: SIGGINS, MICHAEL J
Address: 1301 N ATHERTON ST
City-St-Zip: STATE COLLEGE, PA 16803

Title: D () Delete
Name: HAAS, JOEL C
Address: 900 E. INDIANTOWN RD., SUITE 200
City-St-Zip: JUPITER, FL 33477

Title: DVP () Delete
Name: MILLER, DALLAS L
Address: 1301 N. ATHERTON STREET
City-St-Zip: STATE COLLEGE, PA 16803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPST (X) Change () Addition
Name: MAHUTE, GARY S
Address: 1301 N. ATHERTON STREET
City-St-Zip: STATE COLLEGE, PA 16803

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:

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: GARY S. MAHUTE

SEC.

04/20/2008

Electronic Signature of Signing Officer or Director

Date