

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002470

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: LACHEL & ASSOCIATES, INC.

## Current Principal Place of Business:

1667 COLE BVLD  
SUITE 220  
GOLDEN, CO 80401

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 5266  
GOLDEN, CO 80401

## New Mailing Address:

FEI Number: 22-2626176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 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: MATHESON, GORDON  
Address: 9144 RIGNEY TERR  
City-St-Zip: GLEN ALLEN, VA 23060

Title: VPS ( ) Delete  
Name: AUGLIS, DEBRA A  
Address: 5667 SOUTH ROBB STREET  
City-St-Zip: LITTLETON, CO 80127

Title: DP ( ) Delete  
Name: FELICE, CONRAD W  
Address: 14150 227TH AVENUE NE  
City-St-Zip: WOODINVILLE, WA 98072

Title: VP ( ) Delete  
Name: LINAMEN, C. RICHARD  
Address: 3212 TITANIC DRIVE  
City-St-Zip: STAFFORD, VA 22554

Title: VPD ( ) Delete  
Name: CHAPMAN, DAVID R  
Address: 17 CORN HILL DR  
City-St-Zip: MORRISTOWN, NJ 07960

Title: T ( ) Delete  
Name: QUIROGA, SUSAN  
Address: 1054 TECHNOLOGY PARK DRIVE  
City-St-Zip: GLEN ALLEN, VA 23059

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: DEBRA A. AUGLIS

VP

03/19/2009

Electronic Signature of Signing Officer or Director

Date