

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002937

FILED
Apr 10, 2012
Secretary of State

Entity Name: GRANT-HATCH & ASSOCIATES, INC.

Current Principal Place of Business:

465 S 400 E
SUITE 300
SALT LAKE CITY, UT 84111

New Principal Place of Business:

Current Mailing Address:

465 S 400 E
SUITE 300
SALT LAKE CITY, UT 84111

New Mailing Address:

PO BOX 130
CEDAR CITY, UT 84721

FEI Number: 87-0315945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
1ST FLOOR
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: UTTERBACK, CHRIS
Address: 216 S 200 W
City-St-Zip: CEDAR CITY, UT 84720

Title: VP
Name: SEAMAN, MITCH
Address: 465 S 400 E SUITE 300
City-St-Zip: SALT LAKE CITY, UT 84111

Title: SEC
Name: KENNEY, MARK G
Address: 44 W HARDING AVE
City-St-Zip: CEDAR CITY, UT 84720

Title: TREA
Name: DALLEY, CAYLOR J
Address: 465 S 400 E SUITE 300
City-St-Zip: SALT LAKE CITY, UT 84111

Title: CONT
Name: MOLLER, KAT
Address: 465 S 400 E SUITE 300
City-St-Zip: SALT LAKE CITY, UT 84111

Title: DIR
Name: LEAVITT, ERIC O
Address: 216 S 200 W
City-St-Zip: CEDAR CITY, UT 84720

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: MARK G KENNEY

SEC

04/10/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date