2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002064

Entity Name: HIDEN ANALYTICAL, INC.

FILED Apr 18, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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75 HANCOCK RD., STE H PETERBOROUGH, NH 03458

Current Mailing Address: New Mailing Address:

C/O RSA, LLC 464 HILLSIDE AVE SUITE 202 NEEDHAM, MA 02494

FEI Number: 02-0484938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 NEALE, I.D.
 Name:
 NEALE, I.D.

Address: 420 EUROPA BLVD. Address: 420 EUROPA BLVD.

City-St-Zip: WARRINGTON ENGLAND, NA WAS 7UN UK

Title: TD () Delete Title: TD (X) Change () Addition Name: BLACAS. ROBERT Name: BLACAS. ROBERT

Address: 420 EUROPA BLVD. Address: 420 EUROPA BLVD.
City-St-Zip: WARRINGTON ENGLAND, WA5 7UN UK
City-St-Zip: WARRINGTON ENGLAND, NA WA5 7UN UK

Title: T () Delete Title: VD (X) Change () Addition

Name:BLACAS, ROBERTName:HATTON, PETERAddress:420 EUROPA BLVD.Address:420 EUROPA BLVD.

City-St-Zip: WARRINGTON ENGLAND, WA5 7UN UK

Title: S () Delete Title: S (X) Change () Addition

 Name:
 ANDERSON, A. FRED
 Name:
 ANDERSON, A. FRED

 Address:
 5 FOREST STREET
 Address:
 5 FOREST STREET

 City-St-Zip:
 ANTRIM, NH 03440
 City-St-Zip:
 ANTRIM, NH 03440 US

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: ROBERT BLACAS TD 04/18/2008