

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90050 011 \*\*\*150.00

**DOCUMENT # F99000000104**

1. Entity Name

HACH ULTRA ANALYTICS, INC.



Principal Place of Business

481 CALIFORNIA AVENUE  
GRANTS PASS OR 97526

Mailing Address

481 CALIFORNIA AVENUE  
GRANTS PASS OR 97526

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6095 PARKLAND BLVD

Suite, Apt. #, etc.

Suite 310

City & State

MAYFIELD HEIGHTS, OH

Zip

44124

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

94-2353743

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	APPLLEBY, SIMON	
STREET ADDRESS	481 CALIFORNIA AVE	
CITY-ST-ZIP	GRANTS PASS OR 97526	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MOSS, ROBERT	
STREET ADDRESS	481 CALIFORNIA AVE	
CITY-ST-ZIP	GRANTS PASS OR 97526	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MCMAHN, CHRISTOPHER	
STREET ADDRESS	1250 24TH ST STE 800	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	WOLFE, STEVE	
STREET ADDRESS	481 CALIFORNIA AVE	
CITY-ST-ZIP	GRANTS PASS OR 97526	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNIFER ARNOSKY	
STREET ADDRESS	481 CALIFORNIA AVE	
CITY-ST-ZIP	GRANTS PASS OR 97526	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES DITKOFF	
STREET ADDRESS	2099 PENNSYLVANIA AVE NW	
CITY-ST-ZIP	WASHINGTON D.C. 20006	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMAHN, CHRISTOPHER	
STREET ADDRESS	2099 PENNSYLVANIA AVE NW	
CITY-ST-ZIP	WASHINGTON D.C. 20006	
TITLE	ASST. SECY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES SCHWERTNER	
STREET ADDRESS	6095 PARKLAND BLVD Suite 310	
CITY-ST-ZIP	MAYFIELD HEIGHTS, OH 44124	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK ALLENDER	
STREET ADDRESS	2099 PENNSYLVANIA AVE NW	
CITY-ST-ZIP	WASHINGTON D.C. 20006	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES SCHWERTNER

Date

3/30/04

Daytime Phone #

440 995 3011