

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005837

FILED
Mar 10, 2009
Secretary of State

Entity Name: HYDROGEOLOGY CONSORTIUM, INC.

Current Principal Place of Business:

17 KEEN BUILDING
FSU BUILDING
TALLAHASSEE, FL 32306

Current Mailing Address:

17 KEEN BUILDING
FSU BUILDING
TALLAHASSEE, FL 32306

New Principal Place of Business:

903 WEST TENNESSEE ST.
GUNTER BUILDING ON FSU CAMPUS
TALLAHASSEE, FL 32304

New Mailing Address:

903 WEST TENNESSEE ST.
GUNTER BUILDING ON FSU CAMPUS
TALLAHASSEE, FL 32304

FEI Number: 20-4963932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GLOVER, RICHARD A CPA,PA
1809 MICCOSUKEE COMMONS DRIVE SUITE 108
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

DEHAN, RODNEY S PH.D.
903 WEST TENNESSEE ST.
TALLAHASSEE, FL 32304 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: RODNEY S. DEHAN

03/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAZLETT, TOMOTHY DR.
Address: 2012-A NORTH POINT BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP () Delete
Name: COPELAND, RICK DR.
Address: 903 WEST TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: T () Delete
Name: DEHAN, RODNEY
Address: 903 WEST TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: CO () Delete
Name: KINCAID, TODD DR.
Address: 2012-A NORTH POINT BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: O () Delete
Name: MADDOX, GARY
Address: 200 BLAIRSTONE ROAD
City-St-Zip: TALLAHASSEE, FL 32301

Title: O () Delete
Name: CHELETTE, ANGELA
Address: DIST. 81 WATER MANAGEMENT DR
City-St-Zip: HAVANA, FL 32333

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RODNEY S. DEHAN

DR.

03/10/2009

Electronic Signature of Signing Officer or Director

Date