

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213526237

1.) CORPORATION NAME:

URBAN ENGINEERS, INC.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1147612**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 530 WALNUT ST

CITY/ST/ZIP: PHILADELPHIA, PA 19106

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	EDWARD M. D'ALBA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	530 WALNUT ST		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19106		
NAME:	JOSEPH P. MCATEE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	530 WALNUT ST		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19106		
NAME:	KENNETH FULMER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	46 OAK ROAD		
CITY/ST/ZIP/CO:	COLLEGEVILLE, PA 19426		
NAME:	MARK A KINNEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	16 PENNROSE TALLEY		
CITY/ST/ZIP/CO:	GARNET VALLEY, PA 19060		
NAME:	MATTHEW C MARQUARDT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	11 OVERLOOK CIRCLE		
CITY/ST/ZIP/CO:	GARNET VALLEY, PA 19060		
NAME:	BRUCE M MUNDORF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	GEN COUNSEL		
ADDRESS:	530 WALNUT ST.		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19106		

NAME: ANDREW J SCOTT TITLE: ASST SECRETARY ADDRESS: 1346 BARROWDALE ROAD CITY/ST/ZIP/CO: RYDAL, PA 19046	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM T THOMSEN TITLE: ASST SECRETARY ADDRESS: 694 MT VIEW ROAD CITY/ST/ZIP/CO: BERWYN, PA 19312	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GEORGE H WILLIS TITLE: ASST SECRETARY ADDRESS: 1724 W 6TH STREET CITY/ST/ZIP/CO: ERIE, PA 16505	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ KENNETH FULMER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KENNETH FULMER, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/4/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		