

1.) CORPORATION NAME:

**AMMANN & WHITNEY CONSULTING ENGINEERS, P.C.**

DUE DATE: **12/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BAL CHERWOO  
203 E CARY STREET  
SUITE 201**

SCC ID NO: **F1291469**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 96 MORTON ST

CITY/ST/ZIP: NY, NY 10014

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:	NICK IVANOFF	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	96 MORTON ST		
CITY/ST/ZIP/CO:	NY, NY 10014		
NAME:	CHRISTOPHER P GAGNON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	96 MORTON STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10014		
NAME:	CHARLES LEUTE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR. VP		
ADDRESS:	96 MORTON ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10014		
NAME:	GEORGE EL-AZAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VP		
ADDRESS:	96 MORTON STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10014		
NAME:	SAMUEL WEISSMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VP		
ADDRESS:	96 MORTON STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10014		
NAME:	NEAL WEITMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VP		
ADDRESS:	411 THEODORE FREMD AVE		
CITY/ST/ZIP/CO:	RYE, NY 10580		

NAME: CHARLES LEUTE TITLE: TREASURER ADDRESS: 96 MORTON STREET CITY/ST/ZIP/CO: NEW YORK, NY 10014	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: CHARLES LEUTE TITLE: SECRETARY ADDRESS: 96 MORTON STREET CITY/ST/ZIP/CO: NEW YORK, NY 10014	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: SAMUEL WEISSMAN TITLE: ASST SECRETARY ADDRESS: 96 MORTON STREET CITY/ST/ZIP/CO: NEW YORK, NY 10014	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ NICK IVANOFF	NICK IVANOFF, PRESIDENT	12/9/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.