

1.) CORPORATION NAME:

BL Companies, Inc.

DUE DATE: **3/31/2011**

SCC ID NO: **F1331695**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 355 RESEARCH PARKWAY
ATTN: LEGAL DEPARTMENT

CITY/ST/ZIP: MERIDEN, CT 06450-

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:	GUY F LABELLA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	355 RESEARCH PKWY		
CITY/ST/ZIP/CO:	MERIDEN, CT 06450-		
NAME:	RICHARD F ORR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/GC/AST S		
ADDRESS:	355 RESEARCH PKWY		
CITY/ST/ZIP/CO:	MERIDEN, CT 06450-		
NAME:	STANLEY C NOVAK JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	355 RESEARCH PKWY		
CITY/ST/ZIP/CO:	MERIDEN, CT 06450-		
NAME:	CAROLYN STANWORTH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	President		
ADDRESS:	355 RESEARCH PKWY		
CITY/ST/ZIP/CO:	MERIDEN, CT 06450-		
NAME:	JENNIFER MARKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BL COMPANIES 355 RESEARCH PARKWAY		
CITY/ST/ZIP/CO:	MERIDEN, CT 06450-		

NAME: MARK KOELLNER TITLE: DIRECTOR ADDRESS: BL COMPANIES 4242 CARLISLE PIKE; #260 CITY/ST/ZIP/CO: CAMP HILL, PA 17011-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: GERRY SALONTAI TITLE: DIRECTOR ADDRESS: PO BOX 675632 CITY/ST/ZIP/CO: RANCHO SANTA FE, CA 92067-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: STEVEN FISCHER TITLE: DIRECTOR ADDRESS: 117 MUIRFIELD DRIVE CITY/ST/ZIP/CO: BLUE BELL, PA 19127-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: WAITE DALRYMPLE TITLE: CHAIRMAN ADDRESS: 6310 WILDFLOWER SE CITY/ST/ZIP/CO: OLYMPIA, WA 98501-	<input type="checkbox"/> OFFICER <input checked="" 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.		
<u>/s/ RICHARD F ORR</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>RICHARD F ORR, VP/GC/AST S</u> PRINTED NAME AND CORPORATE TITLE	<u>2/24/2011</u> 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.		