

SCC eFile

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

213506888

1.) CORPORATION NAME:

BL Companies, Inc.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1331695**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO 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:	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:	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:	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:	JULIA P. O'BRIEN, ESQ.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	BL COMPANIES 355 RESEARCH		
CITY/ST/ZIP/CO:	MERIDEN, CT 06450		

NAME:	WAITE DALRYMPLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	6310 WILDFLOWER SE		
CITY/ST/ZIP/CO:	OLYMPIA, WA 98501		

NAME:	STEVEN FISCHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	117 MUIRFIELD DRIVE		
CITY/ST/ZIP/CO:	BLUE BELL, PA 19127		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK KOELLNER DIRECTOR BL COMPANIES 4242 CARLISLE PIKE; #260 CAMP HILL, PA 17011	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER MARKS DIRECTOR BL COMPANIES 355 RESEARCH PARKWAY MERIDEN, CT 06450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAINER MUHLBAUER DIRECTOR BL COMPANIES 355 RESEARCH PARKWAY MERIDEN, CT 06450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Steven D. Winchester DIRECTOR 400 Continental Boulevard 6th Floor El Segundo, CA 90245	<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.			
/s/ CAROLYN STANWORTH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CAROLYN STANWORTH, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/11/2013 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.			