

1.) CORPORATION NAME:

BL Companies, Inc.

DUE DATE: **3/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1331695**

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:	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:	MARK KOELLNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BL COMPANIES 4242 CARLISLE PIKE; #260		
CITY/ST/ZIP/CO:	CAMP HILL, PA 17011		

NAME: DEREK A. KOHL TITLE: DIRECTOR ADDRESS: 355 RESEARCH PARKWAY CITY/ST/ZIP/CO: MERIDEN, CT 06450	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL LOZANOFF TITLE: DIRECTOR ADDRESS: 4242 CARLISLE PIKE CITY/ST/ZIP/CO: SUITE 260 CAMP HILL, PA 17011	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JENNIFER MARKS TITLE: DIRECTOR ADDRESS: BL COMPANIES 355 RESEARCH PARKWAY CITY/ST/ZIP/CO: MERIDEN, CT 06450	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: STEVEN D. WINCHESTER TITLE: DIRECTOR ADDRESS: 400 CONTINENTAL BOULEVARD 6TH FLOOR CITY/ST/ZIP/CO: 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/ JULIA P. O'BRIEN, ESQ. SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JULIA P. O'BRIEN, ESQ., ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	2/3/2016 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.		