

1.) CORPORATION NAME:

The S/L/A/M Collaborative, Inc.

DUE DATE: **9/30/2011**

SCC ID NO: **F1684176**

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

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	40,000
PREFA	60,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 80 GLASTONBURY BLVD

CITY/ST/ZIP: GLASTONBURY, CT 06033-

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:	ROBERT F PULITO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	80 GLASTONBURY BLVD		
CITY/ST/ZIP/CO:	GLASTONBURY, CT 06033-4415		
NAME:	CAROL A MCGREGOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST S		
ADDRESS:	80 GLASTONBURY BLVD		
CITY/ST/ZIP/CO:	GLASTONBURY, CT 06033-4415		
NAME:	DANIEL S KANTOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	80 GLASTONBURY BLVD		
CITY/ST/ZIP/CO:	GLASTONBURY, CT 06033-4415		
NAME:	JAMES M MCMANUS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	80 GLASTONBURY BLVD		
CITY/ST/ZIP/CO:	GLASTONBURY, CT 06033-4415		
NAME:	MARY JO OLENICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	80 GLASTONBURY BLVD		
CITY/ST/ZIP/CO:	GLASTONBURY, CT 06033-4415		

NAME: RICHARD T CONNELL TITLE: DIRECTOR ADDRESS: 80 GLASTONBURY BLVD CITY/ST/ZIP/CO: GLASTONBURY, CT 06033-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KYLE C SLOCUM TITLE: SECRETARY ADDRESS: 80 GLASTONBURY BLVD CITY/ST/ZIP/CO: GLASTONBURY, CT 06033-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM H KARANIAN TITLE: DIRECTOR ADDRESS: 80 GLASTONBURY BLVD CITY/ST/ZIP/CO: GLASTONBURY, CT 06033-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GLENN R GOLLENBERG TITLE: DIRECTOR ADDRESS: 80 GLASTONBURY BLVD CITY/ST/ZIP/CO: GLASTONBURY, CT 06033-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH C LEAGUE TITLE: DIRECTOR ADDRESS: 1123 ZONOLITE RD CITY/ST/ZIP/CO: ATLANTA, GA 30306-	<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/ DANIEL S KANTOR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL S KANTOR, ASST TREASURER PRINTED NAME AND CORPORATE TITLE
9/13/2011 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.	