

1.) CORPORATION NAME:

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

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1684176**

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:	KYLE C SLOCUM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	80 GLASTONBURY BLVD		
CITY/ST/ZIP/CO:	GLASTONBURY, CT 06033		

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:	RICHARD T CONNELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	80 GLASTONBURY BLVD		
CITY/ST/ZIP/CO:	GLASTONBURY, CT 06033		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLENN R GOLLENBERG DIRECTOR 80 GLASTONBURY BLVD GLASTONBURY, CT 06033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM H KARANIAN DIRECTOR 80 GLASTONBURY BLVD GLASTONBURY, CT 06033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY JO OLENICK DIRECTOR 80 GLASTONBURY BLVD GLASTONBURY, CT 06033-4415	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sidney A Ward DIRECTOR 1123 Zonolite Road 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	9/14/2012 _____ 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.			