

1.) CORPORATION NAME:

Ultralife Corporation

DUE DATE: **4/30/2011**

SCC ID NO: **F1787961**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	40,000,000
PREFER	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2000 TECHNOLOGY PARKWAY

CITY/ST/ZIP: NEWARK, NY 14513-

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: PETER F COMERFORD
TITLE: VP/S
ADDRESS: 2000 TECHNOLOGY PARKWAY
CITY/ST/ZIP/CO: NEWARK, NY 14513-

OFFICER

DIRECTOR

NAME: PHILIP A FAIN
TITLE: CFO/T
ADDRESS: 2000 TECHNOLOGY PKWY
CITY/ST/ZIP/CO: NEWARK, NY 14513-

OFFICER

DIRECTOR

NAME: PATRICIA C BARRON
TITLE: DIRECTOR
ADDRESS: 2000 TECHNOLOGY PARKWAY
CITY/ST/ZIP/CO: NEWARK, NY 14513-

OFFICER

DIRECTOR

NAME: MICHAEL D POPIELEC
TITLE: PRESIDENT
ADDRESS: 2000 TECHNOLOGY PARKWAY
CITY/ST/ZIP/CO: NEWARK, NY 14513-

OFFICER

DIRECTOR

NAME: STEVEN M ANDERSON
TITLE: DIRECTOR
ADDRESS: 2000 TECHNOLOGY PARKWAY
CITY/ST/ZIP/CO: NEWARK, NY 14513-

OFFICER

DIRECTOR

NAME: JAMES A CROCE TITLE: DIRECTOR ADDRESS: 2000 TECHNOLOGY PARKWAY CITY/ST/ZIP/CO: NEWARK, NY 14513-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: THOMAS L SAELI TITLE: DIRECTOR ADDRESS: 2000 TECHNOLOGY PARKWAY CITY/ST/ZIP/CO: NEWARK, NY 14513-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROBERT L SHAW II TITLE: DIRECTOR ADDRESS: 2000 TECHNOLOGY PARKWAY CITY/ST/ZIP/CO: NEWARK, NY 14513-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: RANJIT C SINGH TITLE: DIRECTOR ADDRESS: 2000 TECHNOLOGY PARKWAY CITY/ST/ZIP/CO: NEWARK, NY 14513-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: BRADFORD T WHITMORE TITLE: CHAIRMAN ADDRESS: 2000 TECHNOLOGY PARKWAY CITY/ST/ZIP/CO: NEWARK, NY 14513-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ PHILIP A FAIN	PHILIP A FAIN, CFO/T	6/17/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.