

1.) CORPORATION NAME:

Ultralife Corporation

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1787961**

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: MICHAEL D POPILEC TITLE: PRESIDENT ADDRESS: 2000 TECHNOLOGY PARKWAY CITY/ST/ZIP/CO: NEWARK, NY 14513	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PETER F COMERFORD TITLE: VP/S ADDRESS: 2000 TECHNOLOGY PARKWAY CITY/ST/ZIP/CO: NEWARK, NY 14513	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PHILIP A FAIN TITLE: CFO/T ADDRESS: 2000 TECHNOLOGY PKWY CITY/ST/ZIP/CO: NEWARK, NY 14513	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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
NAME: STEVEN M ANDERSON TITLE: DIRECTOR ADDRESS: 2000 TECHNOLOGY PARKWAY CITY/ST/ZIP/CO: NEWARK, NY 14513	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICIA C BARRON TITLE: DIRECTOR ADDRESS: 2000 TECHNOLOGY PARKWAY CITY/ST/ZIP/CO: NEWARK, NY 14513	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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
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
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
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
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	6/25/2012
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.		