

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000003024

**FILED**  
**Mar 24, 2014**  
**Secretary of State**  
**CC5134190090**

**Entity Name:** THE S/L/A/M COLLABORATIVE, INC.

**Current Principal Place of Business:**

80 GLASTONBURY BLVD.  
GLASTONBURY, CT 06033-4415

**Current Mailing Address:**

80 GLASTONBURY BLVD.  
GLASTONBURY, CT 06033-4415

**FEI Number: 06-0950562**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name PULITO, ROBERT F  
Address 80 GLASTONBURY BLVD  
City-State-Zip: GLASTONBURY CT 06033

Title CHAIRMAN  
Name ANSEL, STEVEN W  
Address 80 GLASTONBURY BLVD  
City-State-Zip: GLASTONBURY CT 06033

Title D  
Name CONNELL, RICHARD T  
Address 80 GLASTONBURY BLVD  
City-State-Zip: GLASTONBURY CT 06033

Title D  
Name KARANIAN, WILLIAM H  
Address 80 GLASTONBURY BLVD  
City-State-Zip: GLASTONBURY CT 06033

Title TREASURER  
Name KANTOR, DANIEL S  
Address 80 GLASTONBURY BLVD  
City-State-Zip: GLASTONBURY CT 06033

Title SECRETARY  
Name SLOCUM, KYLE C  
Address 80 GLASTONBURY BLVD.  
City-State-Zip: GLASTONBURY CT 06033-4415

Title ASST. TREASURER  
Name CONWAY, LUCILLE  
Address 80 GLASTONBURY BLVD.  
City-State-Zip: GLASTONBURY CT 06033-4415

Title ASST. SECRETARY  
Name JOHNSON, BRENDA J  
Address 80 GLASTONBURY BLVD.  
City-State-Zip: GLASTONBURY CT 06033-4415

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LUCILLE CONWAY**

**ASSISTANT TREASURER 03/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GOLLENBERG, GLENN R  
Address 80 GLASTONBURY BLVD.  
City-State-Zip: GLASTONBURY CT 06033-4415

Title DIRECTOR  
Name OLENICK, MARY JO  
Address 80 GLASTONBURY BLVD.  
City-State-Zip: GLASTONBURY CT 06033-4415

Title DIRECTOR  
Name WARD, SIDNEY P  
Address 1123 ZONOLITE ROAD  
SUITE 30  
City-State-Zip: ATLANTA GA 30306

Title DIRECTOR  
Name FRINK, TERRI L  
Address 80 GLASTONBURY BLVD.  
City-State-Zip: GLASTONBURY CT 06033-4415