2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# F94000001407

Entity Name: BIO-LAB, INC. A DELAWARE CORP.

Current Principal Place of Business:

1735 NORTH BROWN ROAD
LAWRENCEVILLE, GA 30043

New Principal Place of Business:

Current Mailing Address:

199 BENSON RD
MIDDLEBURY, CT 06749

New Mailing Address:

FEI Number: 22-2268754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	BOLOGNINI, LOUIS T VP	
Address:	199 BENSON ROAD	
City-St-Zip:	MIDDLEBURY, CT 06811	
Title:	D	( ) Delete
Name:	SCHEFSKY, LYNN A	
Address:	199 BENSON RD	
City-St-Zip:	MIDDLEBURY, CT 06749	
Title:	S	( ) Delete
Name:	SHAINMAN, BARRY J	
Address:	199 BENSON RD	
City-St-Zip:	MIDDLEBURY, CT 06479	
Title:	AT	( ) Delete
Name:	ANDERSON, CAROL V	
Address:	199 BENSON RD	
City-St-Zip:	MIDDLEBURY, CT 06479	
Title:	T	( ) Delete
Name:	WISNEFSKY, ERIC	
Address:	199 BENSON RD	
City-St-Zip:	MIDDLEBURY, CT 06749	
Title:	P	( ) Delete
Name:	YODER, AMY J P	
Address:	199 BENSON RD	
City-St-Zip:	MIDDLEBURY, CT 06479	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	SANISLOW, JAMES R S	
Address:	199 BENSON RD	
City-St-Zip:	MIDDLEBURY, CT 06479	
Title:	T	(X) Change ( ) Addition
Name:	ANDERSON, CAROL V	
Address:	199 BENSON RD	
City-St-Zip:	MIDDLEBURY, CT 06479	
Title:	VP	(X) Change ( ) Addition
Name:	SCARPA, RICHARD D	
Address:	199 BENSON RD	
City-St-Zip:	MIDDLEBURY, CT 06749	
Title:	P	(X) Change ( ) Addition
Name:	NICHOLSON, KIMBERLY A P	
Address:	199 BENSON RD	
City-St-Zip:	MIDDLEBURY, CT 06479	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROL V ANDERSON T 04/22/2008

Electronic Signature of Signing Officer or Director Date