

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000004890

**Entity Name:** DATA AXLE, INC.

**Current Principal Place of Business:**

1001 NORTH FORT CROOK ROAD  
SUITE 150L  
BELLEVUE, NE 68005

**Current Mailing Address:**

1001 NORTH FORT CROOK ROAD  
SUITE 150L  
BELLEVUE, NE 68005 US

**FEI Number:** 47-0751545

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DIRECTOR  
Name IACCARINO, MIKE  
Address 1001 NORTH FORT CROOK ROAD  
SUITE 150L  
City-State-Zip: BELLEVUE NE 68005

Title CEO  
Name IACCARINO, MIKE  
Address 1001 NORTH FORT CROOK ROAD  
SUITE 150L  
City-State-Zip: BELLEVUE NE 68005

Title PRESIDENT  
Name IACCARINO, MIKE  
Address 1001 NORTH FORT CROOK ROAD  
SUITE 150L  
City-State-Zip: BELLEVUE NE 68005

Title DIRECTOR  
Name DELANEY, MICHAEL  
Address 1001 NORTH FORT CROOK ROAD  
SUITE 150L  
City-State-Zip: BELLEVUE NE 68005

Title CFO  
Name OWENS, AUSTIN  
Address 1001 NORTH FORT CROOK ROAD  
SUITE 150L  
City-State-Zip: BELLEVUE NE 68005

*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:** MIKE IACCARINO

CEO

04/05/2024

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

\_\_\_\_\_  
Date