2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F1300002835

Entity Name: 3XLOGIC, INC.

Current Principal Place of Business:

11899 EXIT 5 PKWY STE 100 FISHERS, IN 46037

Current Mailing Address:

11899 EXIT 5 PKWY **STE 100** FISHERS, IN 46037 US

FEI Number: 87-0797946

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC. 2894 REMINGTON GREEN LANE SUITE A TALLAHASSEE, FL 32308 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

Officer/Director Detail :

Officer/Director Detail :				
Title	SECRETARY, DIRECTOR	Title	TREASURER, DIRECTOR	
Name	BLUM, MICHAEL	Name	KATARIA, ASHWIN	
Address	11899 EXIT 5 PKWY STE 100	Address	11899 EXIT 5 PKWY STE 100	
City-State-Zip:	FISHERS IN 46037	City-State-Zip:	FISHERS IN 46037	
Title	PRESIDENT	Title	ASST. TREASURER	
Name	MCMULLEN, BRAD	Name	MOSKAL, STEPHEN	
Address	11899 EXIT 5 PKWY STE 100	Address	11899 EXIT 5 PKWY STE 100	
City-State-Zip:	FISHERS IN 46037	City-State-Zip:	FISHERS IN 46037	
Title	ASST. SECRETARY, DIRECTOR	Title	CEO, DIRECTOR	
Name	STARIS, INA	Name	BYERLY, LANCE	
Address	11899 EXIT 5 PKWY STE 100	Address	11899 EXIT 5 PKWY STE 100	
City-State-Zip:	FISHERS IN 46037	City-State-Zip:	FISHERS IN 46037	
Title	SENIOR VP, FINANCE	Title	CFO	
Name	CANTOS, DAVID	Name	SNODGRASS, JACK	
Address	11899 EXIT 5 PKWY STE 100	Address	11899 EXIT 5 PKWY STE 100	
City-State-Zip:	FISHERS IN 46037	City-State-Zip:	FISHERS IN 46037	

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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: LANCE BYERLY		CEO	01/03/2024
	Electronic Signature of Signing Officer/Director Detail		Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	VP OF TAX
Name	STONE, TRICIA
Address	11899 EXIT 5 PKWY STE 100
City-State-Zip:	FISHERS IN 46037