

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002835

Entity Name: 3XLOGIC, INC.

Current Principal Place of Business:

8350 SUNLIGHT DRIVE
FISHERS, IN 46037

Current Mailing Address:

8350 SUNLIGHT DRIVE
FISHERS, IN 46037 US

FEI Number: 87-0797949

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DRIVE STE A
TALLAHASSEE, FL 32301 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, VICE PRESIDENT
Name BARTONE, MICHAEL A.
Address 8350 SUNLIGHT DRIVE
City-State-Zip: FISHERS IN 46037

Title DIRECTOR, VICE PRESIDENT
Name VAGNINI, MICHAEL DAVID
Address 8350 SUNLIGHT DRIVE
City-State-Zip: FISHERS IN 46037

Title PRESIDENT
Name RAFF, ROBERT
Address 8350 SUNLIGHT DRIVE
City-State-Zip: FISHERS IN 46037

Title ASST. SECRETARY
Name AYALA, ADAN
Address 8350 SUNLIGHT DRIVE
City-State-Zip: FISHERS IN 46037

Title SECRETARY, DIRECTOR
Name BLUM, MICHAEL
Address 8350 SUNLIGHT DRIVE
City-State-Zip: FISHERS IN 46037

Title ASST. SECRETARY
Name MORRIS, THEODORE
Address 8350 SUNLIGHT DRIVE
City-State-Zip: FISHERS IN 46037

Title TREASURER
Name PATERNOSTRO, ROBERT
Address 8350 SUNLIGHT DRIVE
City-State-Zip: FISHERS IN 46037

Title VP
Name SMULSKI, GREGORY
Address 8350 SUNLIGHT DRIVE
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: ROBERT RAFF

PRESIDENT

04/21/2021

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name RICCITELLI, DONALD
Address 8350 SUNLIGHT DRIVE
City-State-Zip: FISHERS IN 46037