

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000003250

**Entity Name:** IMMIX TECHNOLOGY, INC.

**Current Principal Place of Business:**

8444 WESTPARK DR  
SUITE 200  
MCLEAN, VA 22102

**FILED**  
**Apr 17, 2023**  
**Secretary of State**  
**8600136331CC**

**Current Mailing Address:**

8444 WESTPARK DR  
SUITE 200  
MCLEAN, VA 22102 US

**FEI Number: 54-1912608**

**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           VP  
Name           CASALE, MICHAEL  
Address       8444 WESTPARK DR  
                  SUITE 200  
City-State-Zip: MCLEAN VA 22102

Title           TREASURER  
Name           DAKIN, WILLIAM  
Address       8444 WESTPARK DR  
                  SUITE 200  
City-State-Zip: MCLEAN VA 22102

Title           SECRETARY  
Name           ELLINPORT, JEFFREY  
Address       8444 WESTPARK DR  
                  SUITE 200  
City-State-Zip: MCLEAN VA 22102

Title           DIRECTOR  
Name           KRISTIN , KRISTIN  
Address       8444 WESTPARK DR  
                  SUITE 200  
City-State-Zip: MCLEAN VA 22102

Title           DIRECTOR  
Name           TAYLOR, MARK  
Address       8444 WESTPARK DR  
                  SUITE 200  
City-State-Zip: MCLEAN VA 22102

Title           DIRECTOR, PRESIDENT, CEO  
Name           ELLS, TAMARA  
Address       8444 WESTPARK DR  
                  SUITE 200  
City-State-Zip: MCLEAN VA 22102

*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: JEFFREY ELLINPORT**

**SECRETARY**

**04/17/2023**

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

\_\_\_\_\_  
Date