

2023 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	CFO
Name	OWENS, AUSTIN
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	PRESIDENT
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	DIRECTOR
Name	IACCARINO, MIKE
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**PRESIDENT****03/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date