

**2023 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:** 87-0797946**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	SECRETARY, DIRECTOR
Name	BLUM, MICHAEL
Address	8350 SUNLIGHT DRIVE
City-State-Zip:	FISHERS IN 46037

Title	TREASURER, DIRECTOR
Name	KATARIA, ASHWIN
Address	8350 SUNLIGHT DRIVE
City-State-Zip:	FISHERS IN 46037

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

Title	ASST. TREASURER
Name	MOSKAL, STEPHEN
Address	8350 SUNLIGHT DRIVE
City-State-Zip:	FISHERS IN 46037

Title	ASST. SECRETARY, DIRECTOR
Name	STARIS, INA
Address	8350 SUNLIGHT DRIVE
City-State-Zip:	FISHERS IN 46037

*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: MICHAEL J. BLUM****SECRETARY****03/13/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date