

**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