

1.) CORPORATION NAME:

DATA I/O CORPORATION

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

SCC ID NO: **F1076175**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000,000
PREFER	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6464 185TH AVE NE
STE 101

CITY/ST/ZIP: REDMOND, WA 98052

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FREDERICK R HUME		
TITLE: P/CEO		
ADDRESS: 6464 185TH AVE NE		
CITY/ST/ZIP/CO: STE 101 REDMOND, WA 98052		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GORDON BLUECHEL		
TITLE: VP OPS/ADMIN		
ADDRESS: 6464 185TH AVE NE		
CITY/ST/ZIP/CO: STE 101 REDMOND, WA 98052		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOEL S HATLEN		
TITLE: CFO/S/T/VP		
ADDRESS: 6464 185TH AVE NE		
CITY/ST/ZIP/CO: STE 101 REDMOND, WA 98052		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DOUGLAS W BROWN		
TITLE: DIRECTOR		
ADDRESS: 6464 185TH AVE NE, SUITE 101		
CITY/ST/ZIP/CO: REDMOND, WA 98052		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL GARY		
TITLE: DIRECTOR		
ADDRESS: 6464 185TH AVE NE		
CITY/ST/ZIP/CO: STE 101 REDMOND, WA 98052		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVE QUIST		
TITLE: DIRECTOR		
ADDRESS: 6464 185TH AVE NE, SUITE 101		
CITY/ST/ZIP/CO: REDMOND, WA 98052		

NAME: WILLIAM WALKER TITLE: DIRECTOR ADDRESS: 6464 185TH AVE NE STE 101 CITY/ST/ZIP/CO: REDMOND, WA 98052	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: Ken Myer TITLE: DIRECTOR ADDRESS: 6464 185th Ave NE, Suite 101 CITY/ST/ZIP/CO: Redmond, WA 98052	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JOEL S HATLEN	JOEL S HATLEN, CFO/S/T/VP	4/16/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.