

1.) CORPORATION NAME:

DUE DATE: **6/30/2015**

**DATA I/O CORPORATION**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1076175**

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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:

**WA**

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.

NAME: ANTHONY AMBROSE TITLE: PRESIDENT ADDRESS: 6464 185TH AVE NE SUITE 101 CITY/ST/ZIP/CO: 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 STE 101 CITY/ST/ZIP/CO: REDMOND, WA 98052	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RAJEEV GULATI TITLE: CTO ADDRESS: 6464 185TH AVENUE NE SUITE 101 CITY/ST/ZIP/CO: REDMOND, WA 98052	<input checked="" type="checkbox"/> OFFICER	<input 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: BRIAN CROWLEY 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: MARK GALLENBERGER 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:	ALAN HOWE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6464 185TH AVE NE SUITE 101		
CITY/ST/ZIP/CO:	REDMOND, WA 98052		

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	5/18/2015
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.