


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90296 004 \*\*\*150.00

<b>DOCUMENT # F0200006464</b>	
<b>1. Entity Name</b> LOJACK CORPORATION	

<b>Principal Place of Business</b> 200 LOWDER BROOK DRIVE, STE. 1000 WESTWOOD MA 02090	<b>Mailing Address</b> C/O T.WOOTERS SULLIVAN & WORCESTER LL ONE POST OFFICE SQUARE BOSTON MA 02109
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> 200 Lowder Brook Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1000
City & State	City & State Westwood, MA
Zip	Country
02090	USA



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 04-2664794	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>	
CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004, Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> C	<input type="checkbox"/> Delete	<b>TITLE</b> Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> ROSSI, RONALD J		<b>NAME</b> Robert J. Murray	
<b>STREET ADDRESS</b> 200 LOWDER BROOK DRIVE		<b>STREET ADDRESS</b> 200 Lowder Brook Drive	
<b>CITY-ST-ZIP</b> WESTWOOD MA 02090-1190		<b>CITY-ST-ZIP</b> Westwood, MA 02090	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b> Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> SPRAGUE, LEE T		<b>NAME</b> Harvey Rosenthal	
<b>STREET ADDRESS</b> 200 LOWDER BROOK DRIVE		<b>STREET ADDRESS</b> 200 Lowder Brook Drive	
<b>CITY-ST-ZIP</b> WESTWOOD MA 02090-1190		<b>CITY-ST-ZIP</b> Westwood, MA 02090	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b> Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> RENFRO, LARRY C		<b>NAME</b> John MacKinnon	
<b>STREET ADDRESS</b> 200 LOWDER BROOK DRIVE		<b>STREET ADDRESS</b> 200 Lowder Brook Drive	
<b>CITY-ST-ZIP</b> WESTWOOD MA 02090-1190		<b>CITY-ST-ZIP</b> Westwood, MA 02090	
<b>TITLE</b> PT	<input type="checkbox"/> Delete	<b>TITLE</b> Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> ABELY, JOSEPH F		<b>NAME</b> Robert L. Rewey	
<b>STREET ADDRESS</b> 200 LOWDER BROOK DRIVE		<b>STREET ADDRESS</b> 200 Lowder Brook Drive	
<b>CITY-ST-ZIP</b> WESTWOOD MA 02090-1190		<b>CITY-ST-ZIP</b> Westwood, MA 02090	
<b>TITLE</b> VP	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> DUVALL, WILLIAM R		<b>NAME</b>	
<b>STREET ADDRESS</b> 200 LOWDER BROOK DRIVE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> WESTWOOD MA 02090-1190		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> S	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> WOOTERS, THOMAS A		<b>NAME</b>	
<b>STREET ADDRESS</b> ONE POST OFFICE SQ.		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> BOSTON MA 02109		<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **Thomas A. Wooters, Clerk/Secretary** **781-251-4175**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #