2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006464

Entity Name: LOJACK CORPORATION

FILED Jan 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 200 LOWDER BROOK DRIVE, STE. 1000 WESTWOOD, MA 02090 **Current Mailing Address: New Mailing Address:** 200 LOWDER BROOK DRIVE, STE. 1000 ONE POST OFFICE SQUARE WESTWOOD, MA 02090 FEI Number: 04-2664794 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ROSSI, RONALD J Name: Name: 200 LOWDER BROOK DRIVE Address: Address: City-St-Zip: WESTWOOD, MA 020901190 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SPRAGUE, LEE T Name: 200 LOWDER BROOK DRIVE Address: Address: WESTWOOD, MA 020901190 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition RENFRO, LARRY C Name: Name: 200 LOWDER BROOK DRIVE Address: Address: WESTWOOD, MA 020901190 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition ABELY, JOSEPH F Name: Name: Address: 200 LOWDER BROOK DRIVE Address: City-St-Zip: WESTWOOD, MA 020901190 City-St-Zip: Title: Title: () Delete () Change () Addition DUVALL, WILLIAM R Name: Name: 200 LOWDER BROOK DRIVE Address: Address: City-St-Zip: WESTWOOD, MA 020901190 City-St-Zip: Title: () Delete Title: (X) Change () Addition WOOTERS, THOMAS A Name: Name: WOOTERS, THOMAS A ONE POST OFFICE SQ. 200 LOWDER BROOK DRIVE Address: Address: City-St-Zip: BOSTON, MA 02109 City-St-Zip: WESTWOOD, MA 020901190

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS A. WOOTERS S 01/12/2005