



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED

143

07 MAY 31 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F02000006464</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>200 LOWDER BROOK DRIVE, STE. 1000 ONE POST OFFICE SQUARE WESTWOOD, MA 02090</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>200 Lowder Brook Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 1000</b>	
City & State		City & State <b>Westwood, MA</b>	
Zip	Country	Zip	Country
		<b>02090</b>	<b>USA</b>
4. FEI Number <b>04-2664794</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>100103611361</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 *	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSSI, RONALD J	NAME	Ronald V. Waters III
STREET ADDRESS	200 LOWDER BROOK DRIVE	STREET ADDRESS	200 Lowder Brook Drive, Suite 1000
CITY-ST-ZIP	WESTWOOD, MA 020901190	CITY-ST-ZIP	Westwood, MA 02090
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Senior Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPRAGUE, LEE T	NAME	Michael Umana
STREET ADDRESS	200 LOWDER BROOK DRIVE	STREET ADDRESS	200 Lowder Brook Drive, Suite 1000
CITY-ST-ZIP	WESTWOOD, MA 020901190	CITY-ST-ZIP	Westwood, MA 02090
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Chief Executive Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENFRO, LARRY C	NAME	Richard T. Riley
STREET ADDRESS	200 LOWDER BROOK DRIVE	STREET ADDRESS	200 Lowder Brook Drive, Suite 1000
CITY-ST-ZIP	WESTWOOD, MA 020901190	CITY-ST-ZIP	Westwood, MA 02090
TITLE	CEOT <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABELY, JOSEPH F	NAME	Robert J. Murray
STREET ADDRESS	200 LOWDER BROOK DRIVE	STREET ADDRESS	200 Lowder Brook Drive, Suite 1000
CITY-ST-ZIP	WESTWOOD, MA 020901190	CITY-ST-ZIP	Westwood, MA 02090
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RILEY, RICHARD T	NAME	Harvey Rosenthal
STREET ADDRESS	200 LOWDER BROOK DRIVE	STREET ADDRESS	200 Lowder Brook Drive, Suite 1000
CITY-ST-ZIP	WESTWOOD, MA 020901190	CITY-ST-ZIP	Westwood, MA 02090
TITLE	S <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOTERS, THOMAS A	NAME	John H. MacKinnon
STREET ADDRESS	200 LOWDER BROOK DRIVE	STREET ADDRESS	200 Lowder Brook Drive, Suite 1000
CITY-ST-ZIP	WESTWOOD, MA 020901190	CITY-ST-ZIP	Westwood, MA 02090
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 <b>5/29/07 781-251-4700</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

\*See Exhibit A attached hereto.

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**Exhibit A**

LoJack Corporation

**Additional Directors**

<u>Name</u>	<u>Address</u>
Robert L. Rewey	200 Lowder Brook Drive Suite 1000 Westwood, MA 02090
Richard T. Riley	Same as above
Maria Renna Sharpe	Same as above
Ronald V. Waters III	Same as above
Rory J. Cowan	Same as above



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032

REFERENCE : 924509 4305026

AUTHORIZATION :

*Handwritten signature*

COST LIMIT : \$558.75

ORDER DATE : May 30, 2007

ORDER TIME : 10:26 AM

ORDER NO. : 924509-015

CUSTOMER NO: 4305026

ANNUAL REPORT FILING

NAME: LOJACK CORPORATION

RECEIVED  
07 MAY 31 AM 10:50  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: \_\_\_\_\_