


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F02000006464

1. Entity Name
LOJACK CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR -7 PM 1:25

Principal Place of Business
200 LOWDER BROOK DRIVE, STE. 1000
WESTWOOD MA 02090

Mailing Address
200 LOWDER BROOK DRIVE, STE. 1000
WESTWOOD MA 02090



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address c/o T. Wooters
Sullivan & Worcester LLP
Suite, Apt. #, etc.
One Post Office Square
City & State
Boston, MA
Zip Country
02109 USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **04-2664794** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
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, 2003 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C and Director ROSSI, RONALD J 200 LOWDER BROOK DRIVE WESTWOOD MA 02090-1190 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRAGUE, LEE T 200 LOWDER BROOK DRIVE WESTWOOD MA 02090-1190 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENFRO, LARRY C 200 LOWDER BROOK DRIVE WESTWOOD MA 02090-1190 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT and Director ABELY, JOSEPH F 200 LOWDER BROOK DRIVE WESTWOOD MA 02090-1190 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUVALL, WILLIAM R 200 LOWDER BROOK DRIVE WESTWOOD MA 02090-1190 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOOTERS, THOMAS A ONE POST OFFICE SQ. BOSTON MA 02109 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert J. Murray 200 Lowder Brook Drive Westwood, MA 02090 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Harvey Rosenthal 200 Lowder Brook Drive Westwood, MA 02090 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John MacKinnon 200 Lowder Brook Drive Westwood, MA 02090 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert L. Rewey 200 Lowder Brook Drive Westwood, MA 02090 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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 (Thomas A) Wooters, Clerk/Secretary 4/2/03 617-338-2800

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

CFR2034 (10/02)