## 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006464

**Entity Name: LOJACK CORPORATION** 

**Current Principal Place of Business:** 

40 PEQUOT WAY CANTON, MA 02021

**Current Mailing Address:** 

40 PEQUOT WAY CANTON, MA 02021

FEI Number: 04-2664794 Certificate of Status Desired: No

Name and Address of Current 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

FILED Apr 30, 2013

**Secretary of State** 

CC2402260074

## Officer/Director Detail:

Litle	ט	Litle	DPCE

NameRILEY, RICHARD TNameORTIZ, RANDY LAddress40 PEQUOT WAYAddress40 PEQUOT WAYCity-State-Zip:CANTON MA 02021City-State-Zip:CANTON MA 02021

Title CFT Title D

NamePECK, DONALD RNameCOWAN, RORYAddress40 PEQUOT WAYAddress40 PEQUOT WAYCity-State-Zip:CANTON MA 02021City-State-Zip:CANTON MA 02021

Title D Title D

NameMACKINNON, JOHN HNameMURRAY, ROBERT JAddress40 PEQUOT WAYAddress40 PEQUOT WAYCity-State-Zip:CANTON MA 02021City-State-Zip:CANTON MA 02021

Title DIRECTOR Title SECRETARY
Name REWEY, ROBERT L. Name OXHOLM, JOSE M
Address 40 PEQUOT WAY Address 40 PEQUOT WAY
City-State-Zip: CANTON MA 02021
City-State-Zip: CANTON MA 02021

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I hereby 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 all other like empowered.

SIGNATURE: JOSE M. OXHOLM SECRETARY 04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR
Name DILTS, GARY E

Address 40 PEQUOT WAY

City-State-Zip: CANTON MA 02021

Title DIRECTOR
Name SHEA, DAVID J

Address 40 PEQUOT WAY

City-State-Zip: CANTON MA 02021

Title DIRECTOR

Name HOOPER, MARCIA J

Address 40 PEQUOT WAY

City-State-Zip: CANTON MA 02021