2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17691

Entity Name: ANALOG DEVICES, INC.

Current Principal Place of Business:

ONE ANALOG WAY
WILMINGTON. MA 01887

Current Mailing Address:

ONE ANALOG WAY

WILMINGTON, MA 01887 US

FEI Number: 04-2348234 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 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 10, 2021

Secretary of State

1088541012CC

Officer/Director Detail:

Title CHAIRMAN Title CEO

NameSTATA, RAYNameROCHE, VINCENTAddressONE ANALOG WAYAddressONE ANALOG WAY

City-State-Zip: WILMINGTON MA 01887 City-State-Zip: WILMINGTON MA 01887

Title CFO Title DIRECTOR

Name MAHENDRA-RAJAH, PRASHANTH Name SICCHITANO, KENTON J ESQ.

Address ONE ANALOG WAY Address ONE ANALOG WAY

City-State-Zip: WILMINGTON MA 01887 City-State-Zip: WILMINGTON MA 01887

Title DIRECTOR Title DIRECTOR

Name CHAMPY, JAMES A Name FRANK, EDWARD H
Address ONE ANALOG WAY Address ONE ANALOG WAY

City-State-Zip: WILMINGTON MA 01887 City-State-Zip: WILMINGTON MA 01887

TitleDIRECTORTitleDIRECTORNameEVANS, BRUCENameLITTLE, MARKAddressONE ANALOG WAYAddressONE ANALOG WAY

City-State-Zip: WILMINGTON MA 01887 City-State-Zip: WILMINGTON MA 01887

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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: YOON AH OH SECRETARY 04/10/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name GOLZ, KAREN Name CHANDRAKASAN, ANANTHA P

Address ONE ANALOG WAY Address ONE ANALOG WAY

City-State-Zip: WILMINGTON MA 01887 City-State-Zip: WILMINGTON MA 01887

TitleDIRECTORTitleSECRETARYNameWEE, SUSIENameOH, YOON AH

Address ONE ANALOG WAY Address ONE ANALOG WAY

City-State-Zip: WILMINGTON MA 01887 City-State-Zip: WILMINGTON MA 01887

TitleDIRECTORTitleTREASURERNameGLIMCHER, LAURIE HNameDIAZ, REBECCA

Name GLIMCHER, LAURIE H Name DIAZ, REBECCA
Address ONE ANALOG WAY Address ONE ANALOG WAY

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