


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90296 004 ***150.00

DOCUMENT # F0200006464	
1. Entity Name LOJACK CORPORATION	

Principal Place of Business 200 LOWDER BROOK DRIVE, STE. 1000 WESTWOOD MA 02090	Mailing Address C/O T.WOOTERS SULLIVAN & WORCESTER LL ONE POST OFFICE SQUARE BOSTON MA 02109
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2. Principal Place of Business	3. Mailing Address 200 Lowder Brook Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1000
City & State	City & State Westwood, MA
Zip	Country
02090	USA



MOORE CR2E034 (11/03)

4. FEI Number 04-2664794	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2004, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE C	<input type="checkbox"/> Delete	TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROSSI, RONALD J		NAME Robert J. Murray	
STREET ADDRESS 200 LOWDER BROOK DRIVE		STREET ADDRESS 200 Lowder Brook Drive	
CITY-ST-ZIP WESTWOOD MA 02090-1190		CITY-ST-ZIP Westwood, MA 02090	
TITLE D	<input type="checkbox"/> Delete	TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SPRAGUE, LEE T		NAME Harvey Rosenthal	
STREET ADDRESS 200 LOWDER BROOK DRIVE		STREET ADDRESS 200 Lowder Brook Drive	
CITY-ST-ZIP WESTWOOD MA 02090-1190		CITY-ST-ZIP Westwood, MA 02090	
TITLE D	<input type="checkbox"/> Delete	TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RENFRO, LARRY C		NAME John MacKinnon	
STREET ADDRESS 200 LOWDER BROOK DRIVE		STREET ADDRESS 200 Lowder Brook Drive	
CITY-ST-ZIP WESTWOOD MA 02090-1190		CITY-ST-ZIP Westwood, MA 02090	
TITLE PT	<input type="checkbox"/> Delete	TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ABELY, JOSEPH F		NAME Robert L. Rewey	
STREET ADDRESS 200 LOWDER BROOK DRIVE		STREET ADDRESS 200 Lowder Brook Drive	
CITY-ST-ZIP WESTWOOD MA 02090-1190		CITY-ST-ZIP Westwood, MA 02090	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUVALL, WILLIAM R		NAME	
STREET ADDRESS 200 LOWDER BROOK DRIVE		STREET ADDRESS	
CITY-ST-ZIP WESTWOOD MA 02090-1190		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOOTERS, THOMAS A		NAME	
STREET ADDRESS ONE POST OFFICE SQ.		STREET ADDRESS	
CITY-ST-ZIP BOSTON MA 02109		CITY-ST-ZIP	

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, Clerk/Secretary** **781-251-4175**

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