

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000607

Entity Name: SONOS, INC.

FILED
Mar 29, 2011
Secretary of State

Current Principal Place of Business:

223 E DE LA GUERRA STREET
SANTA BARBARA, CA 93101

New Principal Place of Business:

Current Mailing Address:

223 E DE LA GUERRA STREET
SANTA BARBARA, CA 93101

New Mailing Address:

FEI Number: 03-0479476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: MACFARLANE, JOHN
Address: 223 E DE LA GUERRA STREET
City-St-Zip: SANTA BARBARA, CA 93101

Title: D
Name: KOHA, VALDUR
Address: 85 HANCOCK STREET
City-St-Zip: LEXINGTON, MA 02420

Title: D
Name: ALSOP, STEWART
Address: 223 E DE LA GUERRA STREET
City-St-Zip: SANTA BARBARA, CA 93101

Title: P
Name: ABRAM, PHIL
Address: 223 E DE LA GUERRA STREET
City-St-Zip: SANTA BARBARA, CA 93101

Title: VP
Name: SHELBURNE, CRAIG A
Address: 223 E DE LA GUERRA STREET
City-St-Zip: SANTA BARBARA, CA 93101

Title: SCFO
Name: VERJEE, AMAN
Address: 223 E. DE LA GUERRA STREET
City-St-Zip: SANTA BARBARA, CA 93101 US

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: CRAIG A. SHELBURNE

VP

03/29/2011

Electronic Signature of Signing Officer or Director

Date