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NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN -4 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J83686

1. Entity Name
Recovery Systems, Inc.
d/b/a LoJack of Florida

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5371 N.W. 33rd Ave.	200 Lowder Brook Dr.
Suite, Apt. # etc. Suite 202	Suite, Apt. # etc. Suite 1000
City & State: Ft. Lauderdale, FL	City & State: Westwood, MA
Zip 33309 Country USA	Zip 02090 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2823667 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
City: TALLAHASSEE FL Zip Code 32301

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.

SIGNATURE Cynthia A Harris — Cynthia L. Harris as its agent
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

300005678353--0

DATE 6/5/2002

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Joseph F. Abely
STREET ADDRESS	10 Hopewell Farm Road
CITY-ST-ZIP	S. Natick, MA 01760
TITLE	Treasurer
NAME	Keith E. Farris
STREET ADDRESS	40 Grant Avenue
CITY-ST-ZIP	Wrentham, MA 02093
TITLE	Secretary
NAME	Thomas A. Wooters
STREET ADDRESS	85 East India Row, Apt. 16B
CITY-ST-ZIP	Boston, MA 02110
TITLE	Director
NAME	Joseph F. Abely
STREET ADDRESS	(same as above)
CITY-ST-ZIP	
TITLE	Director
NAME	Keith E. Farris
STREET ADDRESS	(same as above)
CITY-ST-ZIP	
TITLE	Director
NAME	Ronald J. Rossi
STREET ADDRESS	8 Independence Drive
CITY-ST-ZIP	Foxboro, MA 02035

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CR2E037B (12/01)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/31/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE : 598238 4305026

AUTHORIZATION : Patricia Pizzato

COST LIMIT : $ 550.00

ORDER DATE : May 28, 2002

ORDER TIME : 1:03 PM

ORDER NO. : 598238-200

CUSTOMER NO: 4305026

CUSTOMER: Ms. Anne Marie Keane
Sullivan & Worcester Llp
One Post Office Square
23rd Fl
Boston, MA 02109

ANNUAL REPORT FILING

NAME: RECOVERY SYSTEMS, INC.
DBA LOJACK OF FLORIDA

RECEIVED
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Denise Mick-EXT# 1150

EXAMINER'S INITIALS: _____