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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

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4. FEI Number 59-2823667 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET TLH 32301
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 L. Harris — Cynthia L. Harris as its agent — 300005678353--0 — 6/5/02
Signature(s) typed or printed name of registered agent and title if applicable. (NOTE: Registered agent must sign if only registered agent is being changed) DATE

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

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

CR2E037B (12/01)

ACCOUNT NO. : 072100000032

REFERENCE : 598238 4305026

AUTHORIZATION : Patricia Pizzuto

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
02 JUN -4 PM 2:04
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: _____