FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P17691** **(7)**

1. Corporation Name

ANALOG DEVICES, INC.

Principal Place of Business	Mailing Address
ONE TECHNOLOGY WAY P.O. BOX 9106 NORWOOD MA 02062-9106	ONE TECHNOLOGY WAY P.O. BOX 9106 NORWOOD MA 02062-9106

3. Date Incorporated or Qualified: **12/31/1987**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **04-2348234** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	STATA, RAY		2 NAME	
STREET ADDRESS	60 SCHOOLMASTER LANE		3 STREET ADDRESS	
CITY-ST-ZIP	DEDHAM MA		4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	FISHMAN, JERALD G.		2 NAME	
STREET ADDRESS	169 HICHORY ROAD		2 STREET ADDRESS	
CITY-ST-ZIP	WESTON MA		2 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	MARTIN, WILLIAM A		3 NAME	
STREET ADDRESS	3 HARNDEN ROAD		3 STREET ADDRESS	
CITY-ST-ZIP	FOXBORO MA		3 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	MCALOON, BRIAN		4 NAME	
STREET ADDRESS	10 DRAPER ROAD		4 STREET ADDRESS	
CITY-ST-ZIP	DOVER MA		4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	BROUNTAS, PAUL P.		5 NAME	
STREET ADDRESS	22 CONANT ROAD		5 STREET ADDRESS	
CITY-ST-ZIP	WESTON MA		5 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME	MCDONOUGH, JOSEPH E.		6 NAME	
STREET ADDRESS	135 FOLLEN ROAD		6 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

517 461-3073
Daytime Phone #

CR2E034 (12/95)

ANALOG DEVICES, INC.
F.E.I.N. 04-2348234

Document # P17691

DIRECTORS

NAME	ADDRESS
JOHN L. DOYLE	771 RAMOSO ROAD, PORTOLA VALLEY, CA 94025
PHILIP L. LOWE	330 BEACON STREET, BOSTON, MA 02116
GORDON C. MCKEAGUE	20332 ARCADIA DRIVE, OLYMPIA FIELDS, IL 60461
JOEL MOSES	5 BRYANT ROAD, LEXINGTON, MA 02173
LESTER C. THUROW	90 DAVIDSON DRIVE, LINCOLN, MA 01773
SAMUEL H. FULLER	133 AYER ROAD, HARVARD, MA 01451