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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
ONE TECHNOLOGY WAY
P.O. BOX 9106
NORWOOD MA 02062-9106

Mailing Address
ONE TECHNOLOGY WAY
P.O. BOX 9106
NORWOOD MA 02062-9106

3. Date Incorporated or Qualified 12/31/1987	3a. Date of Last Report 01/30/1996
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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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 607.1508, 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 _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	☒ Change ☐ Addition
NAME	STATA, RAY	1.2 NAME	
STREET ADDRESS	60 SCHOOLMASTER LANE	1.3 STREET ADDRESS	6 Miller Hill Road
CITY-ST-ZIP	DEDHAM MA	1.4 CITY-ST-ZIP	Dover, MA 02030
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	FISHMAN, JERALD G.	2.2 NAME	
STREET ADDRESS	169 HICHORY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON MA	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, WILLIAM A	3.2 NAME	
STREET ADDRESS	3 HARNDEN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FOXBORO MA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	MCALOON, BRIAN	4.2 NAME	
STREET ADDRESS	10 DRAPER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER MA	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	BROUNTAS, PAUL P.	5.2 NAME	
STREET ADDRESS	22 CONANT ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON MA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	MCDONOUGH, JOSEPH E.	6.2 NAME	
STREET ADDRESS	135 FOLLEN ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA	6.4 CITY-ST-ZIP	

14. I do 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William A Martin, Treasurer

1-6-97

Date

617 461-3073

Daytime Phone

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CR2E034 (9/96)