FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91116 041 ***150.00

664210

DOCUMENT # P17691

1. Entity Name
ANALOG DEVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
One Technology Way	One Technology Way
Suite, Apt. #, etc.: P.O. Box 9106	Suite, Apt. #, etc.: P.O. Box 9106
City & State: Norwood, MA	City & State: Norwood, MA
Zip: 02062-9106 Country:	Zip: 02062-9106 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 04-2348234 ☐ 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: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine

City: Plantation **FL** Zip Code: 33324

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE: DC NAME: Stata, Ray STREET ADDRESS: 6 Miller Road CITY-ST-ZIP: Dover, MA 02030	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: PD NAME: Fishman, Jerald G. STREET ADDRESS: 169 Hickory Road CITY-ST-ZIP: Weston, MA 02193	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: T NAME: Martin, William A. STREET ADDRESS: 3 Harnden Road CITY-ST-ZIP: Foxboro, MA 02035	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: V NAME: McAloon, Brian STREET ADDRESS: 10 Draper Road CITY-ST-ZIP: Dover, MA 02030	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: S NAME: Borden, Mark STREET ADDRESS: 195 Cliff Road CITY-ST-ZIP: Wellesley, MA 02481	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: V NAME: McDonough, Joseph E. STREET ADDRESS: 135 Follen Road CITY-ST-ZIP: Lexington, MA 02421	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/29/02 (781) 461-4032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #