

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17691

Entity Name: ANALOG DEVICES, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

ONE TECHNOLOGY WAY
TAX DEPARTMENT
NORWOOD, MA 020629106

New Principal Place of Business:

Current Mailing Address:

ONE TECHNOLOGY WAY
P.O. BOX 9106
NORWOOD, MA 020629106

New Mailing Address:

FEI Number: 04-2348234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: STATA, RAY,
Address: 6 MILLER ROAD
City-St-Zip: DOVER, MA 02030

Title: PD () Delete
Name: FISHMAN, JERALD G.,
Address: 169 HICKORY ROAD
City-St-Zip: WESTON, MA 02193

Title: T () Delete
Name: MARTIN, WILLIAM A
Address: 3 HARNDEN ROAD
City-St-Zip: FOXBORO, MA 02035

Title: V () Delete
Name: MCALOON, BRIAN
Address: 10 DRAPER ROAD
City-St-Zip: DOVER, MA 02030

Title: S () Delete
Name: SEIF, MARGARET
Address: 63 MANDALAY RD
City-St-Zip: NEWTON CENTER, MA 02459

Title: V () Delete
Name: MCDONOUGH, JOSEPH E.,
Address: 39 RANGELEY ROAD
City-St-Zip: BROOKLINE, MA 02467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: STATA, RAY
Address: 6 MILLER ROAD
City-St-Zip: DOVER, MA 02030

Title: PD (X) Change () Addition
Name: FISHMAN, JERALD G
Address: 169 HICKORY ROAD
City-St-Zip: WESTON, MA 02193

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: ZINSNER, DAVID A
Address: 8 ROBINSON ROAD
City-St-Zip: MEDFIELD, MA 02052

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MATSON, WILLIAM
Address: 10 SHAFFNER LANE
City-St-Zip: DOVER, MA 02030

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A MARTIN

TREA

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date