FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 25 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P18411** **(9)**

1. Corporation Name
BOSE CORPORATION

Principal Place of Business	Mailing Address
THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801	THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/18/1988
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

4. FEI Number: 04-2655386 ☐ 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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GREENBLATT, SHERWIN	1.2 NAME	
STREET ADDRESS	68 W BERLIN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOLTON MA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	GRADY, DANIEL A.	2.2 NAME	
STREET ADDRESS	50 CHAMBERLAIN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD MA	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	SWANSON, WILLIAM R.	3.2 NAME	
STREET ADDRESS	4 FISKE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	BERNHARD, ALEXANDER A.	4.2 NAME	
STREET ADDRESS	38 CEDAR LN WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, MARK E.	5.2 NAME	
STREET ADDRESS	722 JERUSALEM ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	COHASSET MA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BOSE, AMAR G.	6.2 NAME	
STREET ADDRESS	17 DEER RUN	6.3 STREET ADDRESS	
CITY-ST-ZIP	WAYLAND MA	6.4 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: Mark G. Gallin 1/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002870 CP