2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P18411 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name BOSE, CORPORATION 04-12-2000 90021 037 ***150.00 Mailing Address Principal Place of Business THE CORPORATION TRUST COMPANY THE CORPORATION TRUST COMPANY 1209 ORANGE STREET 1209 ORANGE STREET **WILMINGTON DE 19801-1120** WILMINGTON DE 19901 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 04-2655386 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Corporate Controller Addition ☐ Change TITLE ☐ Delete TITLE Herbert W. Batchelder GREENBLATT, SHERWIN NAME NAME 6 Stacey Road Norfolk, MA 02056 STREET ADDRESS STREET ADDRESS 68 W BERLIN RD CITY-ST-ZIP CITY-ST-ZIP **BOLTON MA** □ Change Addition TITLE Delete TITLE VP, Human Resources GRADY, DANIEL A. NAME NAME John Coleman 50 CHAMBERLAIN AVE STREET ADDRESS STREET ADDRESS 19 Fitzgerald Lane CITY-ST-ZIP CITY-ST-ZIP WESTWOOD MA Southbord, MA 01773 ☐ Addition ☐ Delete -TITLE TITLE SWANSON, WILLIAM R. NAME NAME STREET ADDRESS STREET ADDRESS 4 FISKE ROAD CITY-ST-ZIP CITY-ST-ZIP WELLESLEY MA TITLE ☐ Change ☐ Addition Delete TITLE BERNHARD, ALEXANDER A. NAME NAME STREET ADDRESS STREET ADDRESS 38 CEDAR LN WAY CITY-ST-ZIP CITY-ST-ZIP BOSTON MA ☐ Change □ Addition AS ' ☐ Delete TITLE NAME SULLIVAN, MARK E. NAME STREET ADDRESS 722 JERUSALEM ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COHASSET MA ☐ Change ☐ Addition ☐ Delete TITLE TITLE BOSE, AMAR G. NAME NAME STREET ADDRESS 17 DEER RUN STREET ADDRESS CITY-ST-ZIP WAYLAND MA CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Author Satchelder HERBERT W. PATCHELDER 4-3-00 (508) 766-75

CR2E034 (9/99)