Secretary of State 1. Entity Name BOSE CORPORATION 03-05-2001 90323 023 ***150.00 Principal Place of Business Mailing Address THE CORPORATION TRUST COMPANY THE CORPORATION TRUST COMPANY **CONGRAC**O 1209 ORANGE STREET 1209 ORANGE STREET WILMINGTON DE 19801 WILMINGTON DE 19801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-2655386 Not Applicable Zìp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent يرورا والمحموم وووارون 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. TITLE TITLE ☐ Delete Corporate Controller GREENBLATT, SHERWIN NAME NAME Herbert W. Batchelder STREET ADDRESS STREET ADDRESS 68 W BERLIN RD 6 Stacey Road CITY-ST-ZIP **BOLTON MA** CITY-ST-7IP Norfolk, MA 02056 Delete TITLE TITLE ✓ Addition VP, Human Resources GRADY, DANIEL A. NAME NAME John Coleman STREET ADDRESS 50 CHAMBERLAIN AVE STREET ADDRESS 19 Fitzgerald Lane CITY-ST-ZIP WESTWOOD MA CITY-ST-ZIP Southboro, MA 01772 TITLE TITLE Change Addition ☐ Detete SWANSON, WILLIAM R. NAME NAME STREET ADDRESS 4 FISKE ROAD STREET ADDRESS WELLESLEY MA CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Addition Delete TITLE BERNHARD, ALEXANDER A. NAME NAME STREET ADDRESS 38 CEDAR LN WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA** TITLE ☐ Delete TITLE □1 Change ☐ Addition SULLIVAN, MARK E. NAME NAME 722 JERUSALEM ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COHASSET MA TITLE ☐ Delete TITLE Change ☐ Addition BOSE, AMAR G. 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.

DOCUMENT # P18411

Herbert W.Batchelder SIGNING OFFICER OR DIRECTOR