2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17691

Entity Name: ANALOG DEVICES, INC.

Current Principal Place of Business:

ONE ANALOG WAY WILMINGTON, MA 01887

Current Mailing Address:

ONE ANALOG WAY WILMINGTON, MA 01887 US

FEI Number: 04-2348234

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	CHAIRMAN	Title	CEO
Name	STATA, RAY	Name	ROCHE, VINCENT
Address	ONE ANALOG WAY	Address	ONE ANALOG WAY
City-State-Zip:	WILMINGTON MA 01887	City-State-Zip:	WILMINGTON MA 01887
Title	CFO	Title	DIRECTOR
Name	MAHENDRA-RAJAH, PRASHANTH	Name	SICCHITANO, KENTON J ESQ.
Name	MAILENDRA-RAJAH, FRASHANTH	Name	cicci in and, nemotive edg.
Address	ONE ANALOG WAY	Address	ONE ANALOG WAY
City-State-Zip:	WILMINGTON MA 01887	City-State-Zip:	WILMINGTON MA 01887
Title	DIRECTOR	Title	DIRECTOR
Name	CHAMPY, JAMES A	Name	FRANK, EDWARD H
Address	ONE ANALOG WAY	Address	ONE ANALOG WAY
City-State-Zip:	WILMINGTON MA 01887	City-State-Zip:	WILMINGTON MA 01887
Title	DIRECTOR	Title	DIRECTOR
Name	EVANS, BRUCE	Name	LITTLE, MARK
Address	ONE ANALOG WAY	Address	ONE ANALOG WAY
City-State-Zip:	WILMINGTON MA 01887	City-State-Zip:	WILMINGTON MA 01887

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I hereby 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 all other like empowered.

SIGNATURE: VINCENT T. ROCHE

PRESIDENT

04/19/2022

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	GOLZ, KAREN	Name	CHANDRAKASAN, ANANTHA P
Address	ONE ANALOG WAY	Address	ONE ANALOG WAY
City-State-Zip:	WILMINGTON MA 01887	City-State-Zip:	WILMINGTON MA 01887
			0000000
Title	DIRECTOR	Title	SECRETARY
Name	WEE, SUSIE	Name	OH, YOON AH
Address	ONE ANALOG WAY	Address	ONE ANALOG WAY
City-State-Zip:	WILMINGTON MA 01887	City-State-Zip:	WILMINGTON MA 01887
		Title	TREASURER
Title	DIRECTOR	The	TREASURER
Name	GLIMCHER, LAURIE H	Name	DIAZ, REBECCA
Address	ONE ANALOG WAY	Address	ONE ANALOG WAY
City-State-Zip:	WILMINGTON MA 01887	City-State-Zip:	WILMINGTON MA 01887