

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000000997 (6)**

**KLA INSTRUMENTS CORPORATION**



Principal Place of Business: **160 RIO ROBLES PO BOX 49055 SAN JOSE CA 95161-9055**  
Mailing Address: **160 RIO ROBLES PO BOX 49055 SAN JOSE CA 95161-9055**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25  
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

3. Date Incorporated or Qualified: **02/28/1994** 3a. Date of Last Report: **08/23/1995**  
4. FEI Number: **04-2564110** 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 ability for intangible tax under s. 190.032, Florida Statutes:  Yes  No  
9. Name and Address of Current Registered Agent  
10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.0507 and 607.1605, 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 607.0507, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	COB	<input type="checkbox"/> DELETE
2. NAME	LEVY, KENNETH	
3. STREET ADDRESS	160 RIO ROBLES / BOX 49055	
4. CITY, STATE, ZIP	SAN JOSE CA 95161-9055	
5. TITLE	PCOO	<input type="checkbox"/> DELETE
6. NAME	SCHROEDER, KENNETH L	
7. STREET ADDRESS	160 RIO ROBLES / BOX 49055	
8. CITY, STATE, ZIP	SAN JOSE CA 95161-9055	
9. TITLE	VCFO	<input type="checkbox"/> DELETE
10. NAME	BOEHLKE, ROBERT J	
11. STREET ADDRESS	160 RIO ROBLES / BOX 49055	
12. CITY, STATE, ZIP	SAN JOSE CA 95161-9055	
13. TITLE	V	<input checked="" type="checkbox"/> DELETE
14. NAME	MCCARVER, MICHAEL D	
15. STREET ADDRESS	160 RIO ROBLES / BOX 49055	
16. CITY, STATE, ZIP	SAN JOSE CA 95161-9055	
17. TITLE	V	<input type="checkbox"/> DELETE
18. NAME	SCHNITZER, ARTHUR P	
19. STREET ADDRESS	160 RIO ROBLES / BOX 49055	
20. CITY, STATE, ZIP	SAN JOSE CA 95161-9055	
21. TITLE		<input type="checkbox"/> DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		
6. NAME		
7. STREET ADDRESS		
8. CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		
10. NAME	CHRISTOPHER STODDART	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11. STREET ADDRESS	Treasurer	
12. CITY, STATE, ZIP	160 Rio Robles P.O. Box 49055	
13. TITLE	San Jose CA 95161-9055	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME		
18. STREET ADDRESS		
19. CITY, STATE, ZIP		

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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. I am an officer or director of the corporation or a trustee 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 checked. If you are authorized to file on behalf of the corporation, please print your name and address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)