

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Mar 12 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **F94000000997 (6)**
1. Corporation Name
~~KLA INSTRUMENTS CORPORATION~~
KLA-TENCOR CORPORATION *Ne 12-26-97*



Principal Place of Business: **180 RIO ROBLES
PO BOX 49055
SAN JOSE CA 95161-9055**

Mailing Address: **180 RIO ROBLES
PO BOX 49055
SAN JOSE CA 95161-9055**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/28/1994**

4. FEI Number: **04-2564110**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **1160 Rio Robles**

2a. Mailing Address: **160 Rio Robles**

23. City & State: **San Jose CA**

24. Zip: **95134**

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM
1200 SOUTH 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: _____

85 Zip Code: **FL**

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

TITLE	COB	<input type="checkbox"/> DELETE
NAME	LEVY, KENNETH	
STREET ADDRESS	180 RIO ROBLES / BOX 49055	
CITY-ST-ZIP	SAN JOSE CA 95161-9055	
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	SCHROEDER, KENNETH L	
STREET ADDRESS	180 RIO ROBLES / BOX 49055	
CITY-ST-ZIP	SAN JOSE CA 95161-9055	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	BOEHLKE, ROBERT J	
STREET ADDRESS	180 RIO ROBLES / BOX 49055	
CITY-ST-ZIP	SAN JOSE CA 95161-9055	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	STODDART, CHRISTOPHER	
STREET ADDRESS	180 RIO ROBLES	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SCHNITZER, ARTHUR P	
STREET ADDRESS	180 RIO ROBLES / BOX 49055	
CITY-ST-ZIP	SAN JOSE CA 95161-9055	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	95134
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	95134
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	95134
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S
4.3 STREET ADDRESS	SONSINI, LARRY W. 650 PAGE MILL ROAD
4.4 CITY-ST-ZIP	PALO ALTO, CA 94304
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V
5.3 STREET ADDRESS	BERRY, LISA C. 160 RIO ROBLES / BOX 49055
5.4 CITY-ST-ZIP	SAN JOSE CA 95161-9055
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	600002454956
6.3 STREET ADDRESS	-03/12/98--01016--017
6.4 CITY-ST-ZIP	***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Lisa C. Berry* Lisa C. Berry, Vice President and General Counsel
Assistant Secretary (408) 434-4200

CR2E034 (10/97)