

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F94000000997

FILED  
Nov 03, 2004  
Secretary of State

Entity Name: KLA-TENCOR CORPORATION

## Current Principal Place of Business:

160 RIO ROBLES  
SAN JOSE, CA 95134

## New Principal Place of Business:

## Current Mailing Address:

160 RIO ROBLES  
SAN JOSE, CA 95134

## New Mailing Address:

FEI Number: 04-2564110

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: COB ( ) Delete  
Name: LEVY, KENNETH  
Address: ONE TECHNOLOGY DRIVE  
City-St-Zip: MILPITAS, CA 95035

Title: PCEO ( ) Delete  
Name: SCHROEDER, KENNETH L  
Address: 160 RIO ROBLES  
City-St-Zip: SAN JOSE, CA 95134

Title: S ( ) Delete  
Name: SONSINI, LARRY W  
Address: 650 PAGE MILL ROAD  
City-St-Zip: PALO ALTO, CA 94304

Title: V ( ) Delete  
Name: NICHOLS, STUART J  
Address: 160 RIO ROBLES  
City-St-Zip: SAN JOSE, CA 95134

Title: COO (X) Delete  
Name: DICKERSON, GARY E  
Address: 160 RIO ROBLES  
City-St-Zip: SAN JOSE, CA 95134

Title: VCFO ( ) Delete  
Name: KISPERT, JOHN H  
Address: 1610 RIO ROBLES  
City-St-Zip: SAN JOSE, CA 95134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CEO (X) Change ( ) Addition  
Name: SCHROEDER, KENNETH L  
Address: 160 RIO ROBLES  
City-St-Zip: SAN JOSE, CA 95134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STUART J. NICHOLS

V

11/03/2004

Electronic Signature of Signing Officer or Director

Date