


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000004451**  
 1. Entity Name  
**NOVELLUS SYSTEMS, INC.**



Principal Place of Business      Mailing Address  
 4000 N. 1ST ST.                      81 VISTA MONTANA  
 SAN JOSE, CA 95134                  SAN JOSE, CA 95134

**DO NOT WRITE IN THIS SPACE**



04202004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 77-0024666      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HILL, RICHARD S 4000 N. 1ST ST. SAN JOSE, CA 95134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITAKER, DELBERT 4000 N. 1ST ST. SAN JOSE, CA 95134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROYAL, KEVIN S 4000 N. 1ST ST. SAN JOSE, CA 95134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZY, D J 4000 N. 1ST ST. SAN JOSE, CA 95134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISTER, DAVID 4000 N. 1ST ST. SAN JOSE, CA 95134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POSSLEY, GLEN 4000 N. 1ST ST. SAN JOSE, CA 95134

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 05/05/04-80020-008 150.00

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12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]*      4/20/2004      (408) 943-9700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #