


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

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



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



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 77-0024666
 Applied For: 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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

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

U00000353649
 05/03/05-80075-019 150.00

DO NOT WRITE IN THIS SPACE

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 807, 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: x *Kevin S. Royal* 4.20.05 (408) 943-9700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #