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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90084 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000005434

1. Corporation Name
LAM RESEARCH CORPORATION



Principal Place of Business % TAX DEPT. CA-4 4650 CUSHING PARKWAY FREMONT CA 94538	Mailing Address % TAX DEPT. CA-4 4650 CUSHING PARKWAY FREMONT CA 94538
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 09/28/1998
21	22	26	4. FEI Number 94-2634797
Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	Applied For Not Applicable
23	28	29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	30	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBERRY, STEPHEN	1.2 NAME	
STREET ADDRESS	4650 CUSHING PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FREMONT CA 94538	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P., TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDMAN, RICK	2.2 NAME	CRAIG GARBER
STREET ADDRESS	4650 CUSHING PARKWAY	2.3 STREET ADDRESS	4650 CUSHING PARKWAY
CITY-ST-ZIP	FREMONT CA 94538	2.4 CITY-ST-ZIP	FREMONT, CA 94538
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVGREN, RICHARD H	3.2 NAME	
STREET ADDRESS	4650 CUSHING PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FREMONT CA 94538	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGLEY, JIM	4.2 NAME	
STREET ADDRESS	4650 CUSHING PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FREMONT CA 94538	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERICK, ROGER D	5.2 NAME	
STREET ADDRESS	4650 CUSHING PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	FREMONT CA 94538	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARSCOTT, DAVID G	6.2 NAME	
STREET ADDRESS	1550 EL CAMINO REAL SUITE 275	6.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA 94025	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: CRAIG GARBER, EVP & TREASURER (510) 659-0200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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