FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:16

DOCUMENT # **P28386** **(1)**

1. Corporation Name
APPLIED MATERIALS, INC.

Principal Place of Business	Mailing Address
3050 BOWERS AVE M/S 0933 SANTA CLARA CA 95054 US	%THE CORPORATION TRUST COMPANY 1209 ORANGE ST. WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/06/1990**
3a. Date of Last Report: **06/15/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 **M/S 2633**	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **94-1655526** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM **1200 S. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	11 TITLE		☐ Change ☐ Addition
NAME	MORGAN, JAMES C	12 NAME		
STREET ADDRESS	3050 BOWERS AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	SANTA CLARA CA	14 CITY ST ZIP		
TITLE	COO	21 TITLE		☐ Change ☐ Addition
NAME	BAGLEY, JAMES W.	22 NAME		
STREET ADDRESS	3050 BOWERS AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	SANTA CLARRA CA	24 CITY ST ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, GERALD F.	32 NAME		
STREET ADDRESS	3050 BOWERS AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	SANTA CLARA CA	34 CITY-ST-ZIP		
TITLE	V	41 TITLE	V	☒ Change ☐ Addition
NAME	DITMORE, DANA C.	42 NAME	NANCY H. HANDEL	
STREET ADDRESS	3050 BOWERS AVE.	43 STREET ADDRESS	3050 BOWERS AVE.	
CITY ST ZIP	SANTA CLARA CA	44 CITY ST ZIP	SANTA CLARA, CA	
TITLE	P	51 TITLE		☐ Change ☐ Addition
NAME	MAYDAN, DAN	52 NAME		
STREET ADDRESS	3050 BOWERS AVENUE	53 STREET ADDRESS		
CITY ST ZIP	STATA CLARA CA	54 CITY ST ZIP		
TITLE	AS	61 TITLE	AS	☒ Change ☐ Addition
NAME	O'FARRELL, MICHAEL	62 NAME	JAMES J. DeLONG	
STREET ADDRESS	3050 BOWERS AVE.	63 STREET ADDRESS	3050 BOWERS AVE.	
CITY ST ZIP	SANTA CLARA CA	64 CITY ST ZIP	SANTA CLARA, CA	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Nancy H. Handel, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy H. Handel
Date: 2/15/95

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