FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

APPLIED MATERIALS, INC.

Principal Place of Business	Mailing Address
3050 BOWERS AVE M/S 2633 SANTA CLARA CA 95054 US	%THE CORPORATION TRUST COMPANY 1209 ORANGE ST. WILMINGTON DE 19801

3. Date Incorporated or Qualified: 03/06/1990	3a. Date of Last Report: 02/24/1995
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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22 M/S 2033	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, JAMES C		1.2 NAME		
STREET ADDRESS	3050 BOWERS AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA CLARA CA		1.4 CITY-ST-ZIP		
TITLE	COO	☐ DELETE	2.1 TITLE	D	XX Change ☐ Addition
NAME	BAGLEY, JAMES W.		2.2 NAME		
STREET ADDRESS	3050 BOWERS AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA CLARRA CA		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, GERALD F.		3.2 NAME		
STREET ADDRESS	3050 BOWERS AVE.		3.3 STREET ADDRESS	200001783362	
CITY-ST-ZIP	SANTA CLARA CA		3.4 CITY-ST-ZIP	-04/17/96--01019--021	
TITLE	V	☐ DELETE	4.1 TITLE	***200.00	☐ Change ☐ Addition
NAME	HANDEL, NANCY H		4.2 NAME		
STREET ADDRESS	3050 BOWERS AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA CLARA CA		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MAYDAN, DAN		5.2 NAME		
STREET ADDRESS	3050 BOWERS AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	STATA CLARA CA		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DELONG, JAMES J		6.2 NAME		
STREET ADDRESS	3050 BOWERS AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA CLARA CA		6.4 CITY-ST-ZIP		

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)(k), 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 Nancy Handel 4/4/96 408 235-4389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)