FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
3050 BOWERS AVE
M/S 2633
SANTA CLARA CA 95054
US

Mailing Address
%THE CORPORATION TRUST COMPANY
1209 ORANGE ST.
WILMINGTON DE 19801-1120

3. Date Incorporated or Qualified: **03/06/1990**
3a. Date of Last Report: **04/16/1996**

2. Principal Place of Business
21 **3050 Bowers Avenue**
Suite, Apt. #, etc.
22 **M/S 2033**
City & State
23 **Santa Clara , CA**
Zip 24 **95054** Country 25 **US**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 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
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	**CEO** **MORGAN, JAMES C** **3050 BOWERS AVE.** **SANTA CLARA CA**	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**D** **BAGLEY, JAMES W.** **3050 BOWERS AVENUE** **SANTA CLARA CA**	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS	William C. Barrett 3050 Bowers Avenue Santa Clara, CA 95054 Assistant Secretary	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**TAYLOR, GERALD F.** **3050 BOWERS AVE.** **SANTA CLARA CA**	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**V** **HANDEL, NANCY H** **3050 BOWERS AVE** **SANTA CLARA CA**	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**P** **MAYDAN, DAN** **3050 BOWERS AVENUE** **STATA CLARA CA**	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**AS** **DELONG, JAMES J** **3050 BOWERS AVE.** **SANTA CLARA CA**	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	V O'Farrell, Michael K, 3050 Bowers Avenue Santa Clara, CA 95054	☐ Change ☒ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] William C. Barrett 2/25/97 (408) 235-4389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #