2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P28386

1. Entity Name
APPLIED MATERIALS, INC.

Principal Place of Business	Mailing Address
3050 BOWERS AVE M/S 2033 AUSTIN, TX 78724-1199 US	3050 BOWERS AVENUE M/S 2033 SANTA CLARA, CA 95054 US

01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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: William C Barrett 1/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000042336
02/10/04-80019-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	SPLINTER, MICHAEL R
STREET ADDRESS	3050 BOWERS AVE.
CITY-ST-ZIP	SANTA CLARA, CA 95054
TITLE	AS
NAME	WILLIAM C BARRETT
STREET ADDRESS	3050 BOWERS AVENUE
CITY-ST-ZIP	SANTA CLARRA, CA 95054
TITLE	V
NAME	BRONSON, JOSEPH
STREET ADDRESS	3050 BOWERS AVE.
CITY-ST-ZIP	SANTA CLARA, CA 95054
TITLE	V
NAME	HANDEL, NANCY H
STREET ADDRESS	3050 BOWERS AVE
CITY-ST-ZIP	SANTA CLARA, CA 95054
TITLE	P
NAME	SPLINTER, MICHAEL R
STREET ADDRESS	3050 BOWERS AVENUE
CITY-ST-ZIP	STATA CLARA, CA 95054
TITLE	D
NAME	MILLER, STEVEN L
STREET ADDRESS	3050 BOWERS AVE.
CITY-ST-ZIP	SANTA CLARA, CA 95054

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)(i), 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 607, 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: William C Barrett 2/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #