

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

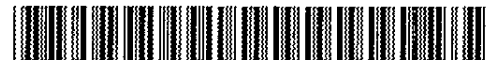
DOCUMENT # P28386

1. Entity Name
APPLIED MATERIALS, INC.



Principal Place of Business
**3050 BOWERS AVE
M/S 2033
AUSTIN, TX 78724-1199 US**

Mailing Address
**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**

**DO NOT WRITE
IN THIS SPACE**

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 *John C. Barrett*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1/15/04*

**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**

**U000000042336
02/10/04-80019-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO SPLINTER, MICHAEL R 3050 BOWERS AVE. SANTA CLARA, CA 95054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS WILLIAM C BARRETT 3050 BOWERS AVENUE SANTA CLARRA, CA 95054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRONSON, JOSEPH 3050 BOWERS AVE. SANTA CLARA, CA 95054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HANDEL, NANCY H 3050 BOWERS AVE SANTA CLARA, CA 95054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SPLINTER, MICHAEL R 3050 BOWERS AVENUE STATA CLARA, CA 95054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, STEVEN L 3050 BOWERS AVE. 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: *John C. Barrett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04
Date

Daytime Phone #