

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28386

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: APPLIED MATERIALS, INC.

## Current Principal Place of Business:

3050 BOWERS AVE  
M/S 2033  
SANTA CLARA, CA 95054 US

## New Principal Place of Business:

## Current Mailing Address:

3050 BOWERS AVENUE  
M/S 2033  
SANTA CLARA, CA 95054 US

## New Mailing Address:

FEI Number: 94-1655526      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: SPLINTER, MICHAEL  
Address: 3050 BOWERS AVE., MS 2033  
City-St-Zip: SANTA CLARA, CA 95054

Title: AS ( ) Delete  
Name: WILLIAM C BARRETT,  
Address: 3050 BOWERS AVENUE, MS 2033  
City-St-Zip: SANTA CLARA, CA 95054

Title: CFO ( ) Delete  
Name: DAVIS, GEORGE  
Address: 3050 BOWERS AVE., MS 2033  
City-St-Zip: SANTA CLARA, CA 95054

Title: D ( ) Delete  
Name: ARMACOST, MICHAEL H  
Address: 3050 BOWERS AVE, MS 2033  
City-St-Zip: SANTA CLARA, CA 95054

Title: P ( ) Delete  
Name: SPLINTER, MICHAEL R  
Address: 3050 BOWERS AVENUE  
City-St-Zip: SANTA CLARA, CA 95054

Title: D ( ) Delete  
Name: BRUST, ROBERT H  
Address: 3050 BOWERS AVE.  
City-St-Zip: SANTA CLARA, CA 95054

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C BARRETT

AS

01/08/2008

Electronic Signature of Signing Officer or Director

Date