

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90084 049 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F98000005434**

1. Corporation Name  
**LAM RESEARCH CORPORATION**

Principal Place of Business <b>% TAX DEPT. CA-4</b> <b>4650 CUSHING PARKWAY</b> <b>FREMONT CA 94538</b>	Mailing Address <b>% TAX DEPT. CA-4</b> <b>4650 CUSHING PARKWAY</b> <b>FREMONT CA 94538</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/28/1998</b>	
21		26		4. FEI Number <b>94-2634797</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
City & State		City & State		Trust Fund Contribution	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
24		29		30	
Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NEWBERRY, STEPHEN</b>			1.2 NAME			
STREET ADDRESS	<b>4650 CUSHING PARKWAY</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FREMONT CA 94538</b>			1.4 CITY-ST-ZIP			
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>V.P., TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>FRIEDMAN, RICK</b>			2.2 NAME	<b>CRAIG GARBER</b>		
STREET ADDRESS	<b>4650 CUSHING PARKWAY</b>			2.3 STREET ADDRESS	<b>4650 CUSHING PARKWAY</b>		
CITY-ST-ZIP	<b>FREMONT CA 94538</b>			2.4 CITY-ST-ZIP	<b>FREMONT, CA 94538</b>		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LOVGREN, RICHARD H</b>			3.2 NAME			
STREET ADDRESS	<b>4650 CUSHING PARKWAY</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FREMONT CA 94538</b>			3.4 CITY-ST-ZIP			
TITLE	<b>C</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BAGLEY, JIM</b>			4.2 NAME			
STREET ADDRESS	<b>4650 CUSHING PARKWAY</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FREMONT CA 94538</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EMERICK, ROGER D</b>			5.2 NAME			
STREET ADDRESS	<b>4650 CUSHING PARKWAY</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FREMONT CA 94538</b>			5.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ARSCOTT, DAVID G</b>			6.2 NAME			
STREET ADDRESS	<b>1550 EL CAMINO REAL SUITE 275</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MENLO PARK CA 94025</b>			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE:  **CRAIG GARBER, V.P. & TREASURER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(510) 659-0200

Date

Daytime Phone #

CR2E034 (11/98)