## 2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005434

**Entity Name: LAM RESEARCH CORPORATION** 

**Current Principal Place of Business:** 

4650 CUSHING PARKWAY FREMONT, CA 94538

**Current Mailing Address:** 

4650 CUSHING PARKWAY FREMONT, CA 94538 US

FEI Number: 94-2634797 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

**FILED** Apr 14, 2015

**Secretary of State** 

CC5984241141

Officer/Director Detail :

Title PRESIDENT, DIRECTOR Title **SECRETARY** ANSTICE, MARTIN Name Name O'DOWD, SARAH

4650 CUSHING PARKWAY 4650 CUSHING PARKWAY Address Address City-State-Zip: FREMONT CA 94538 FREMONT CA 94538 City-State-Zip:

Title DIRECTOR Title **TREASURER** 

Name NEWBURY, STEPHEN Name GO, ODETTE Address 4650 CUSHING PARKWAY Address 4650 CUSHING PARKWAY FREMONT CA 94538 City-State-Zip: City-State-Zip: FREMONT CA 94538

Title DIRECTOR Title **DIRECTOR** 

Name CANNON, MICHAEL Name BRANDT, ERIC

Address 4650 CUSHING PARKWAY Address 4650 CUSHING PARKWAY

City-State-Zip: FREMONT CA 94538 FREMONT CA 94538 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name HECKART, CHRISTINE EL-MANSY, YOUSSEF Name 4650 CUSHING PARKWAY Address 4650 CUSHING PARKWAY Address City-State-Zip: FREMONT CA 94538

City-State-Zip: FREMONT CA 94538

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I hereby 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 all other like empowered.

04/14/2015 SIGNATURE: ODETTE GO TREASURER

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name INMAN, GRANT

Address 4650 CUSHING PARKWAY

City-State-Zip: FREMONT CA 94538

Title DIRECTOR

Name SARAWAT, KRISHNA

Address 4650 CUSHING PARKWAY

City-State-Zip: FREMONT CA 94538

Title DIRECTOR

Name TALWALKER, ABHIJIT

Address 4650 CUSHING PARKWAY

City-State-Zip: FREMONT CA 94538

Title DIRECTOR

Name LEGO, CATHERINE

Address 4650 CUSHING PARKWAY

City-State-Zip: FREMONT CA 94538

Title DIRECTOR

Name SPIVEY, WILLIAM

Address 4650 CUSHING PARKWAY

City-State-Zip: FREMONT CA 94538