

**2017 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:** NOT APPLICABLE

**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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            ANSTICE, MARTIN  
Address        4650 CUSHING PARKWAY  
City-State-Zip: FREMONT CA 94538

Title            SECRETARY  
Name            O'DOWD, SARAH  
Address        4650 CUSHING PARKWAY  
City-State-Zip: FREMONT CA 94538

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

Title            DIRECTOR  
Name            BRANDT, ERIC  
Address        4650 CUSHING PARKWAY  
City-State-Zip: FREMONT CA 94538

Title            DIRECTOR  
Name            CANNON, MICHAEL  
Address        4650 CUSHING PARKWAY  
City-State-Zip: FREMONT CA 94538

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

Title            DIRECTOR  
Name            HECKART, CHRISTINE  
Address        4650 CUSHING PARKWAY  
City-State-Zip: FREMONT CA 94538

Title            DIRECTOR  
Name            INMAN, GRANT  
Address        4650 CUSHING PARKWAY  
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.*

**SIGNATURE:** ODETTE GO

**TREASURER**

**04/19/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LEGO, CATHERINE  
Address 4650 CUSHING PARKWAY  
City-State-Zip: FREMONT CA 94538

Title DIRECTOR  
Name TSAI, LIH-SHYNG  
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