

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000001523

1. Entity Name
LINEAR TECHNOLOGY CORPORATION



Principal Place of Business
**1630 MCCARTHY BOULEVARD
MILPITAS, CA 95035**

Mailing Address
**1630 MCCARTHY BOULEVARD
MILPITAS, CA 95035**



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2778785	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
MAIER, LOTHAR
1630 MCCARTHY BOULEVARD
MILPITAS, CA 95035**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BELL, DAVID
1630 MCCARTHY BOULEVARD
MILPITAS, CA 95035**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
COGHLAN, PAUL
1630 MCCARTHY BOULEVARD
MILPITAS, CA 95035**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DOBKIN, ROBERT
1630 MCCARTHY BOULEVARD
MILPITAS, CA 95035**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO
MCCANN, ALEXANDER
1630 MCCARTHY BOULEVARD
MILPITAS, CA 95035**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
NICKSON, RICHARD
1630 MCCARTHY BOULEVARD
MILPITAS, CA 95035**

U000000429490
02/22/06-80011-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/06

Date

408-432-1900

Daytime Phone #