

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91420 038 ***150.00

0658966 AT

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **94-2778785**

Applied For
Not-Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **SWANSON, ROBERT**
STREET ADDRESS **1630 MCCARTHY BOULEVARD**
CITY-ST-ZIP **MILPITAS CA 95035**

TITLE **VP** ☐ Change ☒ Addition
NAME **DAVE QUARLES**
STREET ADDRESS **1630 MCCARTHY**
CITY-ST-ZIP **MILPITAS, CA 95035**

TITLE **P** ☐ Delete
NAME **DAVIES, CLIVE**
STREET ADDRESS **1630 MCCARTHY BOULEVARD**
CITY-ST-ZIP **MILPITAS CA 95035**

TITLE **VP** ☐ Change ☒ Addition
NAME **PAUL CHANTALAT**
STREET ADDRESS **1630 MCCARTHY**
CITY-ST-ZIP **MILPITAS, CA 95035**

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

TITLE **VP** ☐ Change ☒ Addition
NAME **DAVID BELL**
STREET ADDRESS **1630 MCCARTHY**
CITY-ST-ZIP **MILPITAS, CA 95035**

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

TITLE **VP** ☐ Change ☒ Addition
NAME **WILLIAM GROSS**
STREET ADDRESS **1630 MCCARTHY**
CITY-ST-ZIP **MILPITAS, CA 95035**

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

TITLE **VP** ☐ Change ☒ Addition
NAME **ROBERT REAY**
STREET ADDRESS **1630 MCCARTHY BLVD**
CITY-ST-ZIP **MILPITAS, CA 95035**

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

TITLE **VP** ☐ Change ☒ Addition
NAME **ARTHUR SCHEIDERMAN**
STREET ADDRESS **1630 MCCARTHY**
CITY-ST-ZIP **MILPITAS, CA 95035**

12. 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

Date

408-432-1900

Daytime Phone #

CR2E034 (10/02)