2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# F05000006512

Entity Name: ENTEGRIS, INC.

Current Principal Place of Business:

3500 LYMAN BLVD.
CHASKA, MN 55318

New Principal Place of Business:

Current Mailing Address:

129 CONCORD RD., C/O PETER WALCOTT
BILLERICA, MA 01821

New Mailing Address:

FEI Number: 41-1941551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: ARGOV, GIDSON
Address: 129 CONCORD RD.
City-St-Zip: BILLERICA, MA 01821

Title: VCOO ( ) Delete
Name: PANDRAUD, JEAN-MARC
Address: 129 CONCORD RD.
City-St-Zip: BILLERICA, MA 01821

Title: VCAO ( ) Delete
Name: LOY, BERTRAND
Address: 129 CONCORD RD.
City-St-Zip: BILLERICA, MA 01821

Title: VCFO ( ) Delete
Name: VILLAS, JOHN
Address: 3500 LYMAN BLVD.
City-St-Zip: CHASKA, MN 55318

Title: VS ( ) Delete
Name: WALCOTT, PETER
Address: 129 CONCORD RD
City-St-Zip: BILLERICA, MA 01821

Title: V ( ) Delete
Name: MURPHY, JOHN J
Address: 129 CONCORD RD
City-St-Zip: BILLERICA, MA 01821

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change ( ) Addition
Name: ARGOV, GIDEON
Address: 129 CONCORD RD.
City-St-Zip: BILLERICA, MA 01821

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VCFO (X) Change ( ) Addition
Name: GRAVES, GREGORY B
Address: 3500 LYMAN BLVD.
City-St-Zip: CHASKA, MN 55318

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GREGORY B. GRAVES VCFO 05/02/2007

Electronic Signature of Signing Officer or Director — Date