

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90112 031 \*\*\*550.00

**DOCUMENT # F98000004451**

1. Entity Name  
**NOVELLUS SYSTEMS, INC.**

Principal Place of Business

4000 N. 1ST ST.  
 SAN JOSE CA 95134

Mailing Address

81 VISTA MONTANA  
 SAN JOSE CA 95134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **77-0024666**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	HILL, RICHARD S	
STREET ADDRESS	4000 N. 1ST ST.	
CITY-ST-ZIP	SAN JOSE CA 95134	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT H	
STREET ADDRESS	4000 N. 1ST ST.	
CITY-ST-ZIP	SAN JOSE CA 95134	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROYAL, KEVIN S	
STREET ADDRESS	4000 N. 1ST ST.	
CITY-ST-ZIP	SAN JOSE CA 95134	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUZY, D J	
STREET ADDRESS	4000 N. 1ST ST.	
CITY-ST-ZIP	SAN JOSE CA 95134	
TITLE	D	<input type="checkbox"/> Delete
NAME	LONG, TOM	
STREET ADDRESS	4000 N. 1ST ST.	
CITY-ST-ZIP	SAN JOSE CA 95134	
TITLE	D	<input type="checkbox"/> Delete
NAME	POSSLEY, GLEN	
STREET ADDRESS	4000 N. 1ST ST.	
CITY-ST-ZIP	SAN JOSE CA 95134	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE FILED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)