


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90168 050 ***150.00

DOCUMENT # F98000005434					
1. Entity Name LAM RESEARCH CORPORATION					
Principal Place of Business % TAX DEPT. CA-4 4650 CUSHING PARKWAY FREMONT, CA 94538		Mailing Address % TAX DEPT. CA-4 4650 CUSHING PARKWAY FREMONT, CA 94538			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 94-2634797	
Zip		Country		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			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCOO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBERRY, STEPHEN		NAME		
STREET ADDRESS	4650 CUSHING PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	FREMONT, CA 94538		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARBER, CRAIG		NAME	Anstice, Martin	
STREET ADDRESS	4650 CUSHING PARKWAY		STREET ADDRESS	4650 Cushing Parkway	
CITY-ST-ZIP	FREMONT, CA 94538		CITY-ST-ZIP	Fremont, CA 94538	
TITLE	CC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGLEY, JIM		NAME		
STREET ADDRESS	4650 CUSHING PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	FREMONT, CA 94538		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INMAN, GRANT		NAME		
STREET ADDRESS	4 ORINDA WAY, BLDG D, SUITE 150		STREET ADDRESS		
CITY-ST-ZIP	ORINDA, CA 94563		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARSCOTT, DAVID G		NAME		
STREET ADDRESS	1550 EL CAMINO REAL SUITE 275		STREET ADDRESS		
CITY-ST-ZIP	MENLO PARK, CA 94025		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, MARK S		NAME	Frey, Mark S.	
STREET ADDRESS	4650 CUSHING PKWY		STREET ADDRESS	4650 Cushing Parkway	
CITY-ST-ZIP	FREMONT, CA 94538		CITY-ST-ZIP	Fremont, CA 94538	
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: <i>Mark S. Frey</i>		MARK S. FREY		4/28/05 (510) 572-0200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	