


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90379 037 ***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
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40061338

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 94-2634797	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	
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PCOO	<input type="checkbox"/> Delete	TITLE PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEWBERRY, STEPHEN		NAME <i>Newberry, Stephen</i>	
STREET ADDRESS 4650 CUSHING PARKWAY		STREET ADDRESS <i>4650 Cushing Parkway</i>	
CITY-ST-ZIP FREMONT, CA 94538		CITY-ST-ZIP <i>Fremont, CA 94538</i>	
TITLE CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANSTICE, MARTIN		NAME	
STREET ADDRESS 4650 CUSHING PARKWAY		STREET ADDRESS	
CITY-ST-ZIP FREMONT, CA 94538		CITY-ST-ZIP	
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 checked="" type="checkbox"/> Delete	TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FREY, MARK S		NAME <i>Le Blanc, Roch</i>	
STREET ADDRESS 4650 LUSHING PKWY		STREET ADDRESS <i>4650 Cushing Parkway</i>	
CITY-ST-ZIP FREMONT, CA 94538		CITY-ST-ZIP <i>Fremont, CA 94538</i>	

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: *Martin Anstice* **Martin Anstice** 4/14/06 (510) 572-0200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #