

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005434

FILED
Apr 21, 2009
Secretary of State

Entity Name: LAM RESEARCH CORPORATION

Current Principal Place of Business:

% TAX DEPT. CA-4
4650 CUSHING PARKWAY
FREMONT, CA 94538

New Principal Place of Business:

Current Mailing Address:

% TAX DEPT. CA-4
4650 CUSHING PARKWAY
FREMONT, CA 94538

New Mailing Address:

FEI Number: 94-2634797 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCEO () Delete
Name: NEWBERRY, STEPHEN
Address: 4650 CUSHING PARKWAY
City-St-Zip: FREMONT, CA 94538

Title: CFO () Delete
Name: ANSTICE, MARTIN
Address: 4650 CUSHING PARKWAY
City-St-Zip: FREMONT, CA 94538

Title: CC () Delete
Name: BAGLEY, JIM
Address: 4650 CUSHING PARKWAY
City-St-Zip: FREMONT, CA 94538

Title: D () Delete
Name: INMAN, GRANT
Address: 4 ORINDA WAY, BLDG D, SUITE 150
City-St-Zip: ORINDA, CA 94563

Title: D () Delete
Name: ARSCOTT, DAVID G
Address: 1550 EL CAMINO REAL SUITE 275
City-St-Zip: MENLO PARK, CA 94025

Title: T () Delete
Name: LE BLANC, ROCH
Address: 4650 CUSHING PARKWAY
City-St-Zip: FREMONT, CA 94538

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: ANSTICE, MARTIN
Address: 4650 CUSHING PARKWAY
City-St-Zip: FREMONT, CA 94538

Title: C (X) Change () Addition
Name: BAGLEY, JAMES
Address: 4650 CUSHING PARKWAY
City-St-Zip: FREMONT, CA 94538

Title: CFO (X) Change () Addition
Name: MADDOCK, ERNEST
Address: 4 ORINDA WAY, BLDG D, SUITE 150
City-St-Zip: ORINDA, CA 94563

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: MICHELE IZOR

AS

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date