

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005434

FILED
Apr 30, 2010
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
Name: NEWBERRY, STEPHEN
Address: 4650 CUSHING PARKWAY
City-St-Zip: FREMONT, CA 94538

Title: VP
Name: ANSTICE, MARTIN
Address: 4650 CUSHING PARKWAY
City-St-Zip: FREMONT, CA 94538

Title: C
Name: BAGLEY, JAMES
Address: 4650 CUSHING PARKWAY
City-St-Zip: FREMONT, CA 94538

Title: CFO
Name: MADDOCK, ERNEST
Address: 4650 CUSHING PARKWAY
City-St-Zip: FREMONT, CA 94538

Title: D
Name: ARSCOTT, DAVID G
Address: 4650 CUSHING PARKWAY
City-St-Zip: FREMONT, CA 94538

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

I hereby 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 all other like empowered.

SIGNATURE: ERNEST MADDOCK

CFO

04/30/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date