

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001068

1. Entity Name

VARIAN SEMICONDUCTOR EQUIPMENT ASSOCIATES, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90137 018 ***150.00

Principal Place of Business

3100 HANSEN WAY E-029
PALO ALTO CA 94304

Mailing Address

3100 HANSEN WAY E-029
PALO ALTO CA 94304-1030

2. Principal Place of Business

35 Dory Road

Suite, Apt. #, etc.

3. Mailing Address

35 Dory Road

Suite, Apt. #, etc.

City & State

Gloucester, MA

Zip
01930

Country
U.S.A.

City & State

Gloucester, MA

Zip
01930

Country
U.S.A.

4. FEI Number

77-0501994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD AURELIO, RICHARD A 3100 HANSEN WAY E-029 PALO ALTO CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHAIR, JOSEPH B 3100 HANSEN WAY E-029 PALO ALTO CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'ROURKE, J T 3100 HANSEN WAY E-029 PALO ALTO CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. & CEO Richard A. Aurelio 35 Dory Road Gloucester, MA 01930	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. & CFO Ernest L. Godshalk, III. 35 Dory Road Gloucester, MA 01930	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman- J. Tracy O'Rourke 35 Dory Road Gloucester, MA 01930	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corporate Treasurer Alan L. McKinnon, Jr. 35 Dory Road Gloucester, MA 01930	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Gary L. Loser 35 Dory Road Gloucester, MA 01930	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corporate Controller Seth H. Bagshaw 35 Dory Road Gloucester, MA 01930	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ernest L. Godshalk, III. 4/19/00

Date

Daytime Phone

978-
282-2000