


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90001 030 ***150.00

DOCUMENT # F99000001068					
1. Entity Name VARIAN SEMICONDUCTOR EQUIPMENT ASSOCIATES, INC.					
Principal Place of Business 35 DORY ROAD GLOUCESTER, MA 01930			Mailing Address 35 DORY ROAD GLOUCESTER, MA 01930		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 77-0501994	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AURELIO, RICHARD A		NAME		
STREET ADDRESS	3100 HANSEN WAY E-029		STREET ADDRESS	35 Dory Road	
CITY-ST-ZIP	PALO ALTO, CA		CITY-ST-ZIP	GloUCESTER, MA 01930	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GODSHALK, ERNEST L		NAME	GARY E. DICKERSON	
STREET ADDRESS	35 DORY ROAD		STREET ADDRESS	35 Dory Road	
CITY-ST-ZIP	GLOUCESTER, MA 01930		CITY-ST-ZIP	GloUCESTER, MA 01930	
TITLE	S	<input type="checkbox"/> Delete	TITLE	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOSER, GARY L		NAME		
STREET ADDRESS	35 DORY ROAD		STREET ADDRESS		
CITY-ST-ZIP	GLOUCESTER, MA 01930		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUTTON, ROBERT W		NAME		
STREET ADDRESS	35 DORY ROAD		STREET ADDRESS		
CITY-ST-ZIP	GLOUCESTER, MA 01930		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMILLARD, GEORGE W		NAME	Robert J. Halliday	
STREET ADDRESS	35 DORY ROAD		STREET ADDRESS	35 Dory Road	
CITY-ST-ZIP	GLOUCESTER, MA 01930		CITY-ST-ZIP	GloUCESTER, MA 01930	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, WALTER F		NAME		
STREET ADDRESS	35 DORY ROAD		STREET ADDRESS		
CITY-ST-ZIP	GLOUCESTER, MA 01930		CITY-ST-ZIP		
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: <u>Gary L. Loser</u>		SIGNATURE: <u>GARY L. LOSER</u>		Date: <u>5-12-2005</u> 978-282-2000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Signature</small>		<small>Date Daytime Phone #</small>	

40085122



05042005 Chg-P CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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SIGNATURE: Gary L. Loser SIGNATURE: GARY L. LOSER Date: 5-12-2005 978-282-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Signature Date Daytime Phone #

ATTACHMENT

40085122

Varian Semiconductor-Equipment Associates, Inc.
Listing of Officers & Directors
Document VF-99000001068

Title	V	Alan P. Sheng	35 Dory Road	Gloucester, MA 01930	Title	D	Angus A. Macnaughton	35 Dory Road	Gloucester, MA 01930
Name					Name				
Street Address					Street Address				
City, State, Zip Code					City, State, Zip Code				
Title	V	John E. Aldeborgh	35 Dory Road	Gloucester, MA 01930	Title	D	Elizabeth E. Tallett	35 Dory Road	Gloucester, MA 01930
Name					Name				
Street Address					Street Address				
City, State, Zip Code					City, State, Zip Code				
Title	V	Stanley K. Yarbrow, Ph.D	35 Dory Road	Gloucester, MA 01930	Title	D	Dennis G. Schmal	35 Dory Road	Gloucester, MA 01930
Name					Name				
Street Address					Street Address				
City, State, Zip Code					City, State, Zip Code				
Title	V	Y.K. Kim	35 Dory Road	Gloucester, MA 01930	Title	D	Eric Chen	35 Dory Road	Gloucester, MA 01930
Name					Name				
Street Address					Street Address				
City, State, Zip Code					City, State, Zip Code				