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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 31 AM 9:47

DOCUMENT # P14041 (8)

1. Corporation Name

LINEAR TECHNOLOGY CORPORATION

Principal Place of Business

1630 MCCARTHY BOULEVARD
MILPITAS CA 95035

Mailing Address

1630 MCCARTHY BOULEVARD
MILPITAS CA 95035

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/15/1987

3a. Date of Last Report

04/29/1994

4. FEI Number

94-2778785

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2b. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

Zip

Country

24

25

28

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

SWANSON, ROBERT H. JR.

STREET ADDRESS

1930 CRISP AVENUE

CITY-ST-ZIP

SARATOGA CA

TITLE

V

NAME

DAVIES, CLIVE B.

STREET ADDRESS

1178 ST. ANTHONY CT.

CITY-ST-ZIP

LOS ALTOS CA

TITLE

V

NAME

DOBKIN, ROBERT C.

STREET ADDRESS

17350 CREEKSIDE CT.

CITY-ST-ZIP

MONTE SERENO CA

TITLE

V

NAME

COX, TIMOTHY D

STREET ADDRESS

132 BLACKHAWK CLUB

CITY-ST-ZIP

DANVILLE CA

TITLE

V

NAME

HURLEY, SEAN T.

STREET ADDRESS

1780 AUSTIN AVENUE

CITY-ST-ZIP

LOS ALTOS CA

TITLE

V

NAME

COGHLAN, PAUL

STREET ADDRESS

688 BICKNELL RD.

CITY-ST-ZIP

LOS GATOS CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed