

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

04/15/1987

3a. Date of Last Report

01/31/1995

4. FEI Number

94-2778785

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

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

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 the corporation)

Signature (typed or printed name of registered agent and the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE
**PD
SWANSON, ROBERT H. JR.
1930 CRISP AVENUE
SARATOGA CA**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE
**V
DAVIES, CLIVE B.
1176 ST. ANTHONY CT.
LOS ALTOS CA**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE
**V
DOBKIN, ROBERT C.
17350 CREEKSIDE CT.
MONTE SERENO CA**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE
**V
COX, TIMOTHY D
132 BLACKHAWK CLUB
DANVILLE CA**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE
**V
HURLEY, SEAN T.
1780 AUSTIN AVENUE
LOS ALTOS CA**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE
**V
COGHLAN, PAUL
686 BICKNELL RD.
LOS GATOS CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

12. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

13. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

14. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

15. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

16. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

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 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 1996 (408)-432-1900
DISTRICT PHASE #

CR2E034 (12/95)