

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P14041** (8)

1. Corporation Name  
**LINEAR TECHNOLOGY CORPORATION**

Principal Place of Business <b>1630 MCCARTHY BOULEVARD MILPITAS CA 95035</b>	Mailing Address <b>1630 MCCARTHY BOULEVARD MILPITAS CA 95035-7417</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/15/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	25	26 Suite, Apt. #, etc.	27	4. FEI Number <b>94-2778785</b>	Applied For Not Applicable
22 City & State	27	27 City & State	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON, ROBERT H. JR.	1.2 NAME	
STREET ADDRESS	1930 CRISP AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARATOGA CA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIES, CLIVE B.	2.2 NAME	
STREET ADDRESS	1176 ST. ANTHONY CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ALTOS CA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBKIN, ROBERT C.	3.2 NAME	
STREET ADDRESS	17350 CREEKSIDE CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTE SERENO CA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, TIMOTHY D	4.2 NAME	
STREET ADDRESS	132 BLACKHAWK CLUB	4.3 STREET ADDRESS	
CITY-ST-ZIP	DANVILLE CA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLEY, SEAN T.	5.2 NAME	
STREET ADDRESS	1780 AUSTIN AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ALTOS CA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGHLAN, PAUL	6.2 NAME	
STREET ADDRESS	686 BICKNELL RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS GATOS CA	6.4 CITY-ST-ZIP	

14. I do 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 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; and that I am duly empowered to execute this report as required by Chapter 86, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John P. Fleming*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John P. Fleming*

2/18/97

(408) 432-1900

CR2E034 (9/96)