

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90154 020 ***150.00

DOCUMENT # P14041

Entity Name

LINEAR TECHNOLOGY CORPORATION

Principal Place of Business

1630 MCCARTHY BOULEVARD
MILPITAS CA 95035

Mailing Address

1630 MCCARTHY BOULEVARD
MILPITAS CA 95035

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-2778785

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

FL

Zip Code

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

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, 2002 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

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SWANSON, ROBERT H. JR.	
STREET ADDRESS	1630 MCCARTHY BLVD	
CITY-STATE-ZIP	MILPITAS CA 95035	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIES, CLIVE B.	
STREET ADDRESS	1630 MCCARTHY BLVD	
CITY-STATE-ZIP	MILPITAS CA 95035	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOBKIN, ROBERT C.	
STREET ADDRESS	1630 MCCARTHY BLVD	
CITY-STATE-ZIP	MILPITAS CA 95035	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	COX, TIMOTHY D	
STREET ADDRESS	1630 MCCARTHY BLVD	
CITY-STATE-ZIP	MILPITAS CA 95035	
TITLE	V	<input type="checkbox"/> Delete
NAME	COGHLAN, PAUL	
STREET ADDRESS	1630 MCCARTHY BLVD	
CITY-STATE-ZIP	MILPITAS CA 95035	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID A. QUARLES	
STREET ADDRESS	1630 MCCARTHY BLVD	
CITY-STATE-ZIP	MILPITAS, CA 95035	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICH NICKSON	
STREET ADDRESS	1630 MCCARTHY BLVD	
CITY-STATE-ZIP	MILPITAS, CA 95035	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02

Date

408-432-1900

Daytime Phone #

CR2E034 (9/01)