FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P15092 (0)

1. Corporation Name

LSI LOGIC CORPORATION

Principal Place of Business	Mailing Address
1551 MCCARTHY BLVD TAX DEPT MILPITAS CA 95035	1551 MCCARTHY BLVD TAX DEPT MILPITAS CA 95035

2. Principal Place of Business — 21 · Suite, Apt. #, etc. — 22 · City & State — 23 · Zip — 24 · Country — 25

2a. Mailing Address — 26 · Suite, Apt. #, etc. — 27 · City & State — 28 · Zip — 29 · Country — 30

3. Date Incorporated or Qualified: **06/30/1987**

3a. Date of Last Report: **02/23/1995**

4. FEI Number: **94-2712976** ☐ 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

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	CORRIGAN, WILFRED J	
STREET ADDRESS	12797 NORMANDY LN.	
CITY-ST-ZIP	LOS ALTOS HILLS CA	
TITLE	V	☒ DELETE
NAME	MCCORD, VINCENT A.	
STREET ADDRESS	965 FOXSWALLOW CT	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	D	☐ DELETE
NAME	KEYES, JAMES H.	
STREET ADDRESS	5757 N GREEN BAY AVENUE	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	V	☐ DELETE
NAME	CHANOSKI, NORMAN	
STREET ADDRESS	1117 CARLOS PRIVADA	
CITY-ST-ZIP	MOUNTAIN VIEW CA	
TITLE	D	☐ DELETE
NAME	CHU, T. Z	
STREET ADDRESS	12796 NORMANDY LANE	
CITY-ST-ZIP	LOS ALTOS HILL CA	
TITLE	D	☐ DELETE
NAME	CURRIE, DR MALCOLM R	
STREET ADDRESS	28780 WAGON RD	
CITY-ST-ZIP	AGOURA 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	V	☐ Change ☒ Addition
2.2 NAME	Sanders, David E.	
2.3 STREET ADDRESS	1154 Hollow Park Court.	
2.4 CITY-ST-ZIP	San Jose, CA 95120	
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		

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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 if changed, or on an attachment with an address.

SIGNATURE: [signature] — 4-24-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID E. SANDERS, VICE PRESIDENT — 05/11/96 408-433-8000