FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
May 06 1997 8:00am
Secretary of State

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 95035-7424

3. Date Incorporated or Qualified: 06/30/1987
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CORRIGAN, WILFRED J		1.2 NAME		
STREET ADDRESS	12797 NORMANDY LN.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ALTOS HILLS CA		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE	V/S	☒ Change ☐ Addition
NAME	SANDERS, DAVID E		2.2 NAME		
STREET ADDRESS	1154 HOLOW PARK COURT		2.3 STREET ADDRESS	1154 Hollow Park Court	
CITY-ST-ZIP	SAN JOSE CA 95120		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KEYES, JAMES H.		3.2 NAME		
STREET ADDRESS	5757 N GREEN BAY AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE WI		3.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	CHANOSKI, NORMAN		4.2 NAME	R. Douglas Norby	
STREET ADDRESS	1117 CARLOS PRIVADA		4.3 STREET ADDRESS	12169 Hilltop Drive	
CITY-ST-ZIP	MOUNTAIN VIEW CA		4.4 CITY-ST-ZIP	Los Altos Hills, CA 95022	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CHU, T. Z		5.2 NAME		
STREET ADDRESS	12796 NORMANDY LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ALTOS HILL CA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CURRIE, DR MALCOLM R		6.2 NAME		
STREET ADDRESS	28780 WAGON RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	AGOURA CA		6.4 CITY-ST-ZIP		

DW 5/6/97

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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 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: David E Sanders 408.433.8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID E SANDERS

0508894