

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

FILED

May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P15092** (0)  
1. Corporation Name  
**LSI LOGIC CORPORATION**



Principal Place of Business <b>1551 MCCARTHY BLVD TAX DEPT MILPITAS CA 95035</b>	Mailing Address <b>1551 MCCARTHY BLVD TAX DEPT MILPITAS CA 95035</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>06/30/1987</b>	
4. FEI Number <b>94-2712976</b>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORRIGAN, WILFRED J</b>	1.2 NAME	
STREET ADDRESS	<b>12797 NORMANDY LN.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LOS ALTOS HILLS CA</b>	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERS, DAVID E</b>	2.2 NAME	
STREET ADDRESS	<b>1154 HOLLOW PARK COURT</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SAN JOSE CA 95120</b>	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEYES, JAMES H.</b>	3.2 NAME	
STREET ADDRESS	<b>5757 N GREEN BAY AVENUE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MILWAUKEE WI</b>	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORBY, R. DOUGLAS</b>	4.2 NAME	
STREET ADDRESS	<b>12180 HILLTOP DRIVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LOS ALTOS HILLS CA 95022</b>	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHU, T. Z</b>	5.2 NAME	
STREET ADDRESS	<b>12796 NORMANDY LANE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LOS ALTOS HILL CA</b>	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURRIE, DR MALCOLM R</b>	6.2 NAME	
STREET ADDRESS	<b>28780 WAGON RD</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>AGOURA CA</b>	6.4 CITY - ST - ZIP	

14. 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 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/98 (408)433-8000  
Date Daytime Phone # 0632634

CR2E034 (10/97)