

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15092

FILED
Feb 20, 2008
Secretary of State

Entity Name: LSI LOGIC CORPORATION

Current Principal Place of Business:

1621 BARBER LANE
MILPITAS, CA 95035

New Principal Place of Business:

Current Mailing Address:

1621 BARBER LANE
MS D-106
MILPITAS, CA 95035

New Mailing Address:

FEI Number: 94-2712976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHEN, TIMOTHY
Address: 1621 BARBER LANE M/S D-106
City-St-Zip: MILPITAS, CA 95035

Title: D () Delete
Name: HAGGERTY, CHARLES
Address: 1621 BARBER LANE M/S D-106
City-St-Zip: MILPITAS, CA 95035

Title: D () Delete
Name: KEYES, JAMES H
Address: 1621 BARBER LANE M/S D-106
City-St-Zip: MILPITAS, CA 95035

Title: D () Delete
Name: NORBY, R. DOUGLAS
Address: 1621 BARBER LANE M/S D-106
City-St-Zip: MILPITAS, CA 95035

Title: D () Delete
Name: CURRIE, MALCOLM R DR.
Address: 1621 BARBER LANE M/S D-106
City-St-Zip: MILPITAS, CA 95035

Title: S () Delete
Name: RANKIN, JEAN
Address: 1621 BARBER LANE M/S D-106
City-St-Zip: MILPITAS, CA 95035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MICHAEL, MANCUSO
Address: 1621 BARBER LANE M/S D-106
City-St-Zip: MILPITAS, CA 95035

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JOHN, MINER
Address: 1621 BARBER LANE M/S D-106
City-St-Zip: MILPITAS, CA 95035

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN RANKIN

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02/20/2008

Electronic Signature of Signing Officer or Director

Date