

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005434

Entity Name: LAM RESEARCH CORPORATION**Current Principal Place of Business:**4650 CUSHING PARKWAY
FREMONT, CA 94538**Current Mailing Address:**4650 CUSHING PARKWAY
FREMONT, CA 94538 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name ANSTICE, MARTIN
Address 4650 CUSHING PARKWAY
City-State-Zip: FREMONT CA 94538

Title SECRETARY
Name O'DOWD, SARAH
Address 4650 CUSHING PARKWAY
City-State-Zip: FREMONT CA 94538

Title TREASURER
Name GO, ODETTE
Address 4650 CUSHING PARKWAY
City-State-Zip: FREMONT CA 94538

Title DIRECTOR
Name NEWBURY, STEPHEN
Address 4650 CUSHING PARKWAY
City-State-Zip: FREMONT CA 94538

Title DIRECTOR
Name BRANDT, ERIC
Address 4650 CUSHING PARKWAY
City-State-Zip: FREMONT CA 94538

Title DIRECTOR
Name CANNON, MICHAEL
Address 4650 CUSHING PARKWAY
City-State-Zip: FREMONT CA 94538

Title DIRECTOR
Name EL-MANSY, YOUSSEF
Address 4650 CUSHING PARKWAY
City-State-Zip: FREMONT CA 94538

Title DIRECTOR
Name HECKART, CHRISTINE
Address 4650 CUSHING PARKWAY
City-State-Zip: FREMONT CA 94538

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I hereby 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 all other like empowered.

SIGNATURE: ODETTE GO**TREASURER****04/02/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name INMAN, GRANT
Address 4650 CUSHING PARKWAY
City-State-Zip: FREMONT CA 94538

Title DIRECTOR
Name SARAWAT, KRISHNA
Address 4650 CUSHING PARKWAY
City-State-Zip: FREMONT CA 94538

Title DIRECTOR
Name TALWALKER, ABHIJIT
Address 4650 CUSHING PARKWAY
City-State-Zip: FREMONT CA 94538

Title DIRECTOR
Name LEGO, CATHERINE
Address 4650 CUSHING PARKWAY
City-State-Zip: FREMONT CA 94538

Title DIRECTOR
Name SPIVEY, WILLIAM
Address 4650 CUSHING PARKWAY
City-State-Zip: FREMONT CA 94538