

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90137 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F99000001068**  
 1. Entity Name  
**VARIAN SEMICONDUCTOR EQUIPMENT ASSOCIATES, INC.**

Principal Place of Business <b>3100 HANSEN WAY E-029 PALO ALTO CA 94304</b>	Mailing Address <b>3100 HANSEN WAY E-029 PALO ALTO CA 94304-1030</b>
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2. Principal Place of Business <b>35 Dory Road</b>	3. Mailing Address <b>35 Dory Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Gloucester, MA</b>	City & State <b>Gloucester, MA</b>
Zip <b>01930</b>	Country <b>U.S.A.</b>

4. FEI Number <b>77-0501994</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD AURELIO, RICHARD A 3100 HANSEN WAY E-029 PALO ALTO CA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PHAIR, JOSEPH B 3100 HANSEN WAY E-029 PALO ALTO CA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D O'ROURKE, J T 3100 HANSEN WAY E-029 PALO ALTO CA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres. &amp; CEO Richard A. Aurelio 35 Dory Road Gloucester, MA 01930</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. &amp; CFO Ernest L. Godshalk, III. 35 Dory Road Gloucester, MA 01930</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman- J. Tracy O'Rourke 35 Dory Road Gloucester, MA 01930</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Corporate Treasurer Alan L. McKinnon, Jr. 35 Dory Road Gloucester, MA 01930</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Gary L. Loser 35 Dory Road Gloucester, MA 01930</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Corporate Controller Seth H. Bagshaw 35 Dory Road Gloucester, MA 01930</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ernest L. Godshalk, III. Ernest L. Godshalk, III. 4/19/00 978-282-2000

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