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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

F93000004336 (4)

DOCUMENT #
1. Corporation Name HARRIS ELECTRONIC DESIGN AUTOMATION, INC.



•	Business	Mailing Address						
7796 VICTOR MEADON RD. FISHERS NY 14453		7796 VICTOR MEADON RD. FISHERS NY 14453						
					3. Date Incorporated or Qualified 09/24/1993		of Last Re 5/01/19	
2. Principal Place	of Business 4	2a. Mailing Address			4. FEI Number		A	Applied For
17796 Vid	tur-Mendon Rd	26 7796 Victor	r-Meno	on Kd	16-1444793			Not Applicable
Suite Apt. #, et	to.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	- 1/1/	Oity & State	NIV		Election Campaign Financing Trust Fund Contribution			May Be
3 FISTLES	Country	28 Fishers, 29 14453	Country		8. This corporation has liability for	intangible ta	x under s	199.032,
14453	3 25 USA	29 14453	30 45/	H		No	·	
9	3. Name and Address of Current I				10. Name and Address of New F	tegistered.	Agent	
				lame				
	PORATION SYSTEM		82 S	Street Addres	s (P.O. Box Number is Not Acceptat	ile)		
% C T CO	RPORATION SYSTEM		83					
	ITH PINE ISLAND ROAD		63					
PLANTATIO	ON FL 33324		84 (City		Fi	85 Zu	p Code
		2 007 1503 Flavida Chet de	the above see	ned comocit	ion submits this statement for the pu	rugse of ch	angino its r	edistered office
familiar with, a	agent, or both, in the State of Florida and accept the obligations of, Section	g 607.0505, Florida Statutes.			of directors. Thereby accept the app	DATE	. rog and	
SIGNATURE .	Commence of the Commence of th	And the second s	*					
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Loo noteby certify that the information supplied with this lining is voluntarily turnished and obes not quarry for the exemption stated in Section 119 Ortaşik), Florida Statutes. Truther certify that the information indicated on this annual report or supplements annual report is true and accurate and that my signature shall have the same legal effect as if made under outly that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 12 of changed, or on an attachinely with an address.

SIGNATURE:

SUMMED X. JULY LAWRENCE S. LIEDSON 4/26/96