

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F93000004999 (9)**

1. Corporation Name  
**QUICKTURN DESIGN SYSTEMS, INC.**



Principal Place of Business: **440 CLYDE AVE MOUNTAIN VIEW CA 94043**  
 Mailing Address: **440 CLYDE AVE MOUNTAIN VIEW CA 94043**

3. Date Incorporated or Qualified: **11/04/1993**  
 3a. Date of Last Report: **03/20/1995**  
 4. FEI Number: **77-0159619**  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature type is required name of registered agent, officer, director, trustee, or agent for service of process. (NOTE: Registered Agent signature required when not stating.)

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>ANTLE, GLEN M</b>	
STREET ADDRESS	<b>440 CLYDE AVE</b>	
CITY-ST-ZIP	<b>MOUNTAIN VIEW CA</b>	
TITLE	<b>PC</b>	<input type="checkbox"/> DELETE
NAME	<b>LOBO, KEITH R</b>	
STREET ADDRESS	<b>440 CLYDE AVE</b>	
CITY-ST-ZIP	<b>MOUNTAIN VIEW CA</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HUANG, PAUL</b>	
STREET ADDRESS	<b>440 CLYDE AVE</b>	
CITY-ST-ZIP	<b>MOUNTAIN VIEW CA</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>D'AMOUR, MICHAEL R</b>	
STREET ADDRESS	<b>11839 HILLTOP DR</b>	
CITY-ST-ZIP	<b>LOS ALTOS CA</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>OSTBY, RAYMOND K</b>	
STREET ADDRESS	<b>440 CLYDE AVE</b>	
CITY-ST-ZIP	<b>MOUNTAIN VIEW CA</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUTLER, STEVE</b>	
STREET ADDRESS	<b>440 CLYDE AVE</b>	
CITY-ST-ZIP	<b>MOUNTAIN VIEW CA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Naeem Zafar</b>
13 STREET ADDRESS	<b>440 Clyde Ave</b>
14 CITY-ST-ZIP	<b>Mountain View, CA</b>
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Kathryn Moore</b>
23 STREET ADDRESS	<b>440 Clyde Ave.</b>
24 CITY-ST-ZIP	<b>Mountain View, CA</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *MLO* **Raymond K. Ostby VP/CEO** (415) 967-3300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNATURE

CR2E034 (12/95)