

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jan 27 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004999 (9)
 1. Corporation Name
QUICKTURN DESIGN SYSTEMS, INC.



Principal Place of Business 55 W. TRIMBLE ROAD SAN JOSE CA 95131-1013	Mailing Address 55 W. TRIMBLE ROAD SAN JOSE CA 95131-1013
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 11/04/1993	
4. FEI Number 77-0159619	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	ANTLE, GLEN M	
STREET ADDRESS	440 CLYDE AVE	
CITY-ST-ZIP	MOUNTAIN VIEW CA	
TITLE	PC	<input type="checkbox"/> DELETE
NAME	LOBO, KEITH R	
STREET ADDRESS	440 CLYDE AVE	
CITY-ST-ZIP	MOUNTAIN VIEW CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUANG, PAUL	
STREET ADDRESS	440 CLYDE AVE	
CITY-ST-ZIP	MOUNTAIN VIEW CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NAEEM, ZAFAR	
STREET ADDRESS	440 CLYDE AVE	
CITY-ST-ZIP	LOS ALTOS CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	OSTBY, RAYMOND K	
STREET ADDRESS	440 CLYDE AVE	
CITY-ST-ZIP	MOUNTAIN VIEW CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Antle, Glen M	
1.3 STREET ADDRESS	55 West Trimble Road	
1.4 CITY-ST-ZIP	San Jose, CA 95131	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lobo, Keith R	
2.3 STREET ADDRESS	55 West Trimble Road	
2.4 CITY-ST-ZIP	San Jose, CA 95131	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Huang, Paul	
3.3 STREET ADDRESS	55 West Trimble Road	
3.4 CITY-ST-ZIP	San Jose, CA 95131	
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Zafar, Naeem	
4.3 STREET ADDRESS	55 West Trimble Road	
4.4 CITY-ST-ZIP	San Jose, CA 95131	
5.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ostby, Raymond K	
5.3 STREET ADDRESS	55 West Trimble Road	
5.4 CITY-ST-ZIP	San Jose, CA 95131	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 **Raymond K. Ostby** *Raymond K. Ostby* **01/15/98** **(408)914-6000**

CR2E034 (10/97)