

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

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90034 001 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

**DOCUMENT # F93000004999**

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

Principal Place of Business Mailing Address  
**55 W. TRIMBLE ROAD 55 W. TRIMBLE ROAD**  
**SAN JOSE CA 95131-1013 SAN JOSE CA 95131-1013**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
1	26	Suite, Apt. #, etc.	
22	27	City & State	
23	28	City & State	
4	25	29	30
Zip Country		Zip Country	

3. Date Incorporated or Qualified <b>11/04/1993</b>	
4. FEI Number <b>77-0159619</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <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	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>ANTLE, GLEN M</b>
STREET ADDRESS	<b>55 EST TRIMBLE RD</b>
CITY-ST-ZIP	<b>SAN JOSE CA 95131</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE
NAME	<b>LOBO, KEITH R</b>
STREET ADDRESS	<b>55 W TRIMBLE RD</b>
CITY-ST-ZIP	<b>SAN JOSE CA 95131</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HUANG, PAUL</b>
STREET ADDRESS	<b>55 W TRIMBLE RD</b>
CITY-ST-ZIP	<b>SAN JOSE CA 95131</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>ZAFAR, NAEEM</b>
STREET ADDRESS	<b>55 WEST TRIMBLE RD</b>
CITY-ST-ZIP	<b>SAN JOSE CA 95131</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE
NAME	<b>OSTBY, RAYMOND K</b>
STREET ADDRESS	<b>55 W TRIMBLE RD</b>
CITY-ST-ZIP	<b>SAN JOSE CA 95131</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: Raymond K. Ostby **Raymond K. Ostby, Vice President** 01/27/99 (408) 914-6000

CR2E034 (1/198)