

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000004028 (5)**

1. Corporation Name

COOPER & CHYAN TECHNOLOGY, INC.



Principal Place of Business: **1601 SARATOGA-SUNNYVALE RD. CUPERTINO CA 95014**
Mailing Address: **1601 SARATOGA-SUNNYVALE RD. CUPERTINO CA 95014**

3. Date Incorporated or Qualified 08/21/1995	3a. Date of Last Report
4. FEI Number 77-0206252-77-0409778	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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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: _____

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	HARDING, JOHN R	
STREET ADDRESS	2199 DIVISADERO ST.	
CITY - ST - ZIP	SAN FRANCISCO CA 94115	
TITLE	CFOV	<input type="checkbox"/> DELETE
NAME	SELVI, ROBERT	
STREET ADDRESS	19363 LISA MARIE COURT	
CITY - ST - ZIP	SARATOGA CA 95070--	
TITLE	COB	<input type="checkbox"/> DELETE
NAME	COOPER, JOHN F	
STREET ADDRESS	20746 VERDE VISTA LANE	
CITY - ST - ZIP	SARATOGA CA 95070	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHYAN, DAVID	
STREET ADDRESS	20767 SEVILLA LANE	
CITY - ST - ZIP	SARATOGA CA 95070	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COOPER, MARY I	
STREET ADDRESS	20746 VERDE VISTA LANE	
CITY - ST - ZIP	SARATOGA CA 95070	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

DIRECTOR & SECRETARY Change Addition

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: **ROBERT SELVI** 5-29-96 408-366-6966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY PHONE #

CR2E034 (12/95)