

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

FILED
Jan 16 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 # F97000003514 (3)
 1. Corporation Name
ORCAD, INC.

Principal Place of Business 9300 SW NIMBUS AVE. BEAVERTON OR 97008	Mailing Address 9300 SW NIMBUS AVE. BEAVERTON OR 97008
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 93-1062832	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25	Country	30	Country	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				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSWORTH, MICHAEL F	1.2 NAME	
STREET ADDRESS	118 NORTH SHORE CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE OSWEGO OR 97034	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR, STEPHEN W	2.2 NAME	
STREET ADDRESS	1019 FERNDONE RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ANN ARBOR MI 48401	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGNUSON, RICHARD P	3.2 NAME	
STREET ADDRESS	355 MARIPOSA AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ALTOS CA 94022	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOON, JAMES B	4.2 NAME	
STREET ADDRESS	8500 SW CREEKSIDE PL.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BEAVERTON OR 97008	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVAGE, JOHN C	5.2 NAME	
STREET ADDRESS	3000 SAND HILL RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MENLO PARK CA 94025	5.4 CITY - ST - ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNDY, P. DAVID	6.2 NAME	
STREET ADDRESS	9300 SW NIMBUS AVE.	6.3 STREET ADDRESS	
CITY - ST - ZIP	BEAVERTON OR 97008	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)(f), 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: *[Signature]* P. DAVID BUNDY 1-9-98 503-671-9500

CR2E034 (10/97)