

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

**FILED**  
**Jun 18, 1999 8:00 am**  
**Secretary of State**

06-18-1999 90007 014 \*\*\*550.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F97000003514**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/07/1997**

4. FEI Number

**93-1062832**

Applied For  
 Not Applicable

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 owes the current year Intangible  
 Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **PCEO**  
 STREET ADDRESS **BOSWORTH, MICHAEL F**  
 CITY-ST-ZIP **118 NORTH SHORE CIRCLE**  
**LAKE OSWEGO OR 97034**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D**  
 STREET ADDRESS **DIRECTOR, STEPHEN W**  
 CITY-ST-ZIP **1019 FERNDONE RD.**  
**ANN ARBOR MI 48401**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D**  
 STREET ADDRESS **MAGNUSON, RICHARD P**  
 CITY-ST-ZIP **355 MARIPOSA AVE.**  
**LOS ALTOS CA 94022**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D**  
 STREET ADDRESS **MOON, JAMES B**  
 CITY-ST-ZIP **8500 SW CREEKSIDE PL.**  
**BEAVERTON OR 97008**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D**  
 STREET ADDRESS **SAVAGE, JOHN C**  
 CITY-ST-ZIP **3000 SAND HILL RD.**  
**MENLO PARK CA 94025**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **VCFO**  
 STREET ADDRESS **BUNDY, P. DAVID**  
 CITY-ST-ZIP **9300 SW NIMBUS AVE.**  
**BEAVERTON OR 97008**

6.1 TITLE  Change  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:

*P. David Bundy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-13-99**  
 Date

**503-671-9500**  
 Daytime Phone #

CR2E034 (1/98)