

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
*** AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

1-2

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P34942 (3)
 1. Corporation Name
COMPASS DESIGN AUTOMATION, INC.



Principal Place of Business 1865 LUNDY AVENUE SAN JOSE CA 95131	Mailing Address 1865 LUNDY AVENUE SAN JOSE CA 95131
---	---

2. Principal Place of Business 21 Suite, Apt # etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/30/1991	3a. Date of Last Report 02/21/1995
--	--	--	--

4. FEI Number 77-0277539	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.01-02 and 607.15-08, 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 _____
Signature type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEZGER, DIETER J.	12 NAME	
STREET ADDRESS	610 PARK VIEW DR., #309	13 STREET ADDRESS	(SEE ATTACHED ADDENDUM)
CITY - ST - ZIP	SANTA CLARA CA	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, ALFRED J.	22 NAME	
STREET ADDRESS	410 OLD OAK COURT	23 STREET ADDRESS	
CITY - ST - ZIP	LOS ALTOS CA	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULVANEY, THOMAS F.	32 NAME	
STREET ADDRESS	4014 TILDEN LANE	33 STREET ADDRESS	
CITY - ST - ZIP	LAFAYETTE CA	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCANLON, TAYLOR	42 NAME	
STREET ADDRESS	815 RIVERSIDE DR.	43 STREET ADDRESS	
CITY - ST - ZIP	LOS ALTOS CA	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLELLAN, PAUL	52 NAME	
STREET ADDRESS	148 AVE. DEL'ESTEREL	53 STREET ADDRESS	
CITY - ST - ZIP	MOUGINS, FRANCE	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Larry L. Grant **8/2/96** **(408) 434-3063**
 Larry L. Grant, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

P3 4942

c-2

COMPASS OFFICERS

<u>Name</u>	<u>Office</u>	<u>Residential Address</u>	<u>Office Address</u>
Dieter Juergen Mezger ✓ 606-44-2906	President	2963 Calle De Las Flores San Jose, CA 95148	Compass Design Automation, Inc. 1865 Lundy Avenue San Jose, CA 95131
Taylor Franklin Scanlon ✓ 527-70-2900	Vice President	815 Riverside Drive Los Altos, CA 94024	Compass Design Automation, Inc. 1865 Lundy Avenue San Jose, CA 95131
John Carl Batty 053-48-6815	Chief Financial Officer	3405 Bordeaux Place Pleasanton, CA 94566	VLSI Technology, Inc. 1109 McKay Drive San Jose, CA 95131
Larry Lewis Grant 519-50-5338	Secretary	5407 Silver Vista Way San Jose, CA 95138	VLSI Technology, Inc. 1109 McKay Drive San Jose, CA 95131
Gregory Keith Hinckley ✓	Director	4 Walsh Drive Mill Valley, CA 94941	VLSI Technology, Inc. 1109 McKay Drive San Jose, CA 95131
Dieter Juergen Mezger ✓	Director	2963 Calle De Las Flores San Jose, CA 95148	Compass Design Automation, Inc. 1865 Lundy Avenue San Jose, CA 95131
Alfred Joseph Stein ✓	Director	410 Old Oak Court Los Altos, CA 94022	VLSI Technology, Inc. 1109 McKay Drive San Jose, CA 95131