

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

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 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 95131-1834**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/30/1991</b>	3a. Date of Last Report <b>08/12/1996</b>
21		26		4. FEI Number <b>77-0277539</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
				30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed 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 <b>MEZGER, DIETER J.</b> 610 PARK VIEW DR., #309 SANTA CLARA CA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>(SEE ATTACHED ADDENDUM)</b>
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D <b>STEIN, ALFRED J.</b> 410 OLD OAK COURT LOS ALTOS CA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D <b>MEZGER, DIETER JUERGEN</b> 1865 LUNDY AVE. SAN JOSE CA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V <b>SCANLON, TAYLOR</b> 815 RIVERSIDE DR. LOS ALTOS CA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D <b>HINCKLEY, GREGORY KEITH</b> 1109 MCKAY DR. SAN JOSE CA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Laura L. ...* **4/24/97 (908) 434-3180**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

## COMPASS OFFICERS AND DIRECTOR

<b>Names</b>	<b>Corporate Office</b>	<b>Residential Address</b>	<b>Office Address</b>
Paul Michael McLellan 562-71-4339	President	235 Forrester Road Los Gatos, CA 95032	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
Alfred Joseph Stein 451-52-0803	Director	410 Old Oak Court Los Altos, CA 94022	VLSI Technology, Inc. 1109 McKay Drive San Jose, CA 95131