

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855364

FILED
Feb 27, 2012
Secretary of State

Entity Name: MENTOR GRAPHICS CORPORATION

Current Principal Place of Business:

8005 S.W. BOECKMAN ROAD
WILSONVILLE, OR 970707777 US

New Principal Place of Business:

Current Mailing Address:

8005 S.W. BOECKMAN ROAD
WILSONVILLE, OR 970707777 US

New Mailing Address:

FEI Number: 93-0786033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCEO
Name: RHINES, WALDEN C DR.
Address: 8005 S.W. BOECKMAN RD.
City-St-Zip: WILSONVILLE, OR 97070

Title: D
Name: BONFIELD, PETER L SIR
Address: 8005 S.W. BOECKMAN RD
City-St-Zip: WILSONVILLE, OR 97070

Title: D
Name: ALAPONT, JOSE MARIA
Address: 8005 S.W. BOECKMAN RD
City-St-Zip: WILSONVILLE, OR 97070

Title: D
Name: MEYERS, GARY S
Address: 8005 S.W. BOECKMAN RD.
City-St-Zip: WILSONVILLE, OR 97070

Title: D
Name: SCHECHTER, DAVID S
Address: 8005 S.W. BOECKMAN RD.
City-St-Zip: WILSONVILLE, OR 97070

Title: SEC
Name: FREED, DEAN
Address: 8005 SW BOECKMAN RD
City-St-Zip: WILSONVILLE, OR 97070

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEAN FREED

SEC

02/27/2012

Electronic Signature of Signing Officer or Director

Date