

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000003140

FILED
Apr 14, 2003
Secretary of State

Entity Name: INNOVEDA, INC.

Current Principal Place of Business:

293 BOSTON POST ROAD WEST
MARLBORO, MA 01752

New Principal Place of Business:

Current Mailing Address:

8005 SW BOECKMAN ROAD
WILSONVILLE, OR 970707777

New Mailing Address:

FEI Number: 93-1137888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: HERMAN, WILLIAM J
Address: 293 BOSTON POST ROAD WEST
City-St-Zip: MARLBORO, MA 01752

Title: VS () Delete
Name: JOHNSON, PETER T
Address: 293 BOSTON POST ROAD WEST
City-St-Zip: MARLBORO, MA 01752

Title: VT () Delete
Name: O'BRIEN, KEVIN
Address: 293 BOSTON POST ROAD WEST
City-St-Zip: MARLBORO, MA 01752

Title: V () Delete
Name: LUCIER, RICHARD
Address: 293 BOSTON POST ROAD WEST
City-St-Zip: MARLBORO, MA 01752

Title: V () Delete
Name: CASSIDY, PAULA
Address: 293 BOSTON POST ROAD WEST
City-St-Zip: MARLBORO, MA 01752

Title: D () Delete
Name: KEITH GEESLIN-SPROUT, GROUP
Address: 3000 SAND HILL ROAD
City-St-Zip: MENLO PARK, CA 94025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V/ D (X) Change () Addition
Name: HINCKLEY, GREGORY K MR.
Address: 8005 SW BOECKMAN ROAD
City-St-Zip: WILSONVILLE, OR 97070 US

Title: V (X) Change () Addition
Name: FREED, DEAN M MR.
Address: 8005 SW BOECKMAN ROAD
City-St-Zip: WILSONVILLE, OR 97070 US

Title: D (X) Change () Addition
Name: RHINES, WALDEN C DR.
Address: 8005 SW BOECKMAN ROAD
City-St-Zip: WILSONVILLE, OR 97070 US

Title: NA (X) Change () Addition
Name: NA, NA
Address: NA
City-St-Zip: NA, NA NA

Title: NA (X) Change () Addition
Name: NA, NA
Address: NA
City-St-Zip: NA, NA NA

Title: NA (X) Change () Addition
Name: NA, NA
Address: NA
City-St-Zip: NA, NA NA

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEAN FREED

V

04/14/2003

Electronic Signature of Signing Officer or Director

Date