
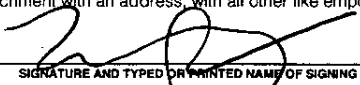


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90077 028 ***158.75

DOCUMENT # F01000002802 1. Entity Name NASSDA CORPORATION			
Principal Place of Business 2650 SAN THOMAS EXPRESSWAY SANTA CLARA, CA 95051		Mailing Address 2650 SAN THOMAS EXPRESSWAY SANTA CLARA, CA 95051	
2. Principal Place of Business <i>2650 San Tomas Expressway</i>		3. Mailing Address <i>2650 San Tomas Expressway</i>	
City & State Santa Clara, CA		City & State Santa Clara, CA	
Zip 95051	Country USA	Zip 95051	Country USA
4. FEI Number 77-0494462		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CD	NAME WANG, SANG S	TITLE <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2650 SAN THOMAS EXPRESSWAY	CITY-ST-ZIP SANTA CLARA, CA 95051		STREET ADDRESS 2650 San Tomas Expressway
TITLE PD	NAME DENG, AN-CHANG	TITLE <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2650 SAN THOMAS EXPRESSWAY	CITY-ST-ZIP SANTA CLARA, CA 95051		STREET ADDRESS 2650 San Tomas Expressway
TITLE VST	NAME LIU, TAMMY S	TITLE <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2650 SAN THOMAS EXPRESSWAY	CITY-ST-ZIP SANTA CLARA, CA 95051		STREET ADDRESS 2650 San Tomas Expressway
TITLE V	NAME YELINEK, JOHN A	TITLE <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2650 SAN THOMAS EXPRESSWAY	CITY-ST-ZIP SANTA CLARA, CA 95051		STREET ADDRESS 2650 San Tomas Expressway
TITLE D	NAME HUANG, YEN-SON PH.D.	TITLE <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2650 SAN THOMAS EXPRESSWAY	CITY-ST-ZIP SANTA CLARA, CA 95051		STREET ADDRESS 2650 San Tomas Expressway
TITLE DO	NAME AROSA, BERNARD	TITLE <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2650 SAN THOMAS EXPRESSWAY	CITY-ST-ZIP SANTA CLARA, CA 95051		STREET ADDRESS 2650 San Tomas Expressway
12. 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 report or supplemental 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 10 or Block 11 if changed; or on an attachment with an address with all other like empowered.			
SIGNATURE: 		Date 3/17/04	Daytime Phone # 408-327-7710


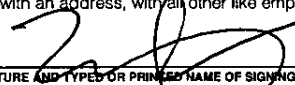
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03172004 Chg-P CR2E034 (10/03)

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Attachment

DOCUMENT # F0100002802			
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03172004		Chg-P	CR2E034 (10/03)
4. FEI Number 77-0494462		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WANG, SANG S 2650 SAN THOMAS EXPRESSWAY SANTA CLARA, CA 95051 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Edward C.V. Winn 2650 San Thomas Expressway Santa Clara, CA 95051 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENG, AN-CHANG 2650 SAN THOMAS EXPRESSWAY SANTA CLARA, CA 95051 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST LIU, TAMMY S 2650 SAN THOMAS EXPRESSWAY SANTA CLARA, CA 95051 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YELINEK, JOHN A 2650 SAN THOMAS EXPRESSWAY SANTA CLARA, CA 95051 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUANG, YEN-SON PH.D. 2650 SAN THOMAS EXPRESSWAY SANTA CLARA, CA 95051 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AROSA, BERNARD 2650 SAN THOMAS EXPRESSWAY SANTA CLARA, CA 95051 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 3/17/04 Daytime Phone #: 408 327-7710	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	