## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000002802

Entity Name: NASSDA CORPORATION

FILED Mar 23, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2650 SAN THOMAS EXPRESSWAY SANTA CLARA, CA 95051				2650 SAN TOMAS EXPRESSWAY SANTA CLARA, CA 95051		
Current Mailing Address:				New Mailing Address:		
2650 SAN THOMAS EXPRESSWAY SANTA CLARA, CA 95051			2650 SAN TOMAS EXPRESSWAY SANTA CLARA, CA 95051			
FEI Number:	77-0494462	FEI Number Applied For ( )	FEI Num	nber Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US  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 Agen	nt		Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WANG, SANG S	Delete S EXPRESSWAY CA 95051		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DENG, AN-CHAN	S EXPRESSWAY		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LIU, TAMMY S	Delete S EXPRESSWAY CA 95051		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	YELINEK, JOHN	S EXPRESSWAY		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HUANG, YEN-SO	S EXPRESSWAY		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ARONSON, BERI	S EXPRESSWAY		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: TAMMY S. LIU CFO 03/23/2005