

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91421 039 \*\*\*150.00

0656909  
AT

DOCUMENT # F01000002802



1. Entity Name  
NASSDA CORPORATION

Principal Place of Business  
~~2975 SCOTT BOULEVARD, SUITE 110~~  
~~SANTA CLARA CA 95054~~  
2650 SAN TOMAS EXPRESSWAY  
SANTA CLARA, CA 95051

Mailing Address  
~~2975 SCOTT BOULEVARD, SUITE 110~~  
~~SANTA CLARA CA 95054~~  
2650 SAN TOMAS EXPRESSWAY  
SANTA CLARA, CA 95051



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
2650 SAN TOMAS EXPRESSWAY

3. Mailing Address  
2650 SAN TOMAS EXPRESSWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
SANTA CLARA, CA

City & State  
SANTA CLARA, CA

4. FEI Number 77-0494462

Applied For  
Not Applicable

Zip 95051 Country USA

Zip 95051 Country USA

5. Certificate of Status Desired  \$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$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 2975 SCOTT BOULEVARD, SUITE 110 SANTA CLARA CA 95054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2650 SAN TOMAS EXPRESSWAY SANTA CLARA, CA 95051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENG, AN-CHANG 2975 SCOTT BOULEVARD, SUITE 110 SANTA CLARA CA 95054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2650 SAN TOMAS EXPRESSWAY SANTA CLARA, CA 95051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST LIU, TAMMY S 2975 SCOTT BOULEVARD, SUITE 110 SANTA CLARA CA 95054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2650 SAN TOMAS EXPRESSWAY SANTA CLARA, CA 95051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YELINEK, JOHN A 2975 SCOTT BOULEVARD, SUITE 110 SANTA CLARA CA 95054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2650 SAN TOMAS EXPRESSWAY SANTA CLARA, CA 95051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUANG, YEN-SON PH.D. 2975 SCOTT BOULEVARD, SUITE 110 SANTA CLARA CA 95054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2650 SAN TOMAS EXPRESSWAY SANTA CLARA, CA 95051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AROSA, BERNARD 2975 SCOTT BOULEVARD, SUITE 110 SANTA CLARA CA 95054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2650 SAN TOMAS EXPRESSWAY SANTA CLARA, CA 95051

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: SIGNATURE REQUIRED Tammy Liu / ofo 4/29/03 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)