

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004389

Entity Name: SYNOPSYS, INC.

FILED
Mar 30, 2007
Secretary of State

Current Principal Place of Business:

700 E. MIDDLEFIELD RD.
MOUNTAIN VIEW, CA 94043 US

New Principal Place of Business:

Current Mailing Address:

700 E MIDDLEFIELD RD
MOUNTAIN VIEW, CA 94043 US

New Mailing Address:

FEI Number: 56-1546236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CFO () Delete
Name: BEATTIE, BRIAN
Address: 700 EAST MIDDLEFIELD ROAD
City-St-Zip: MOUNTAIN VIEW, CA 94043

Title: CEO () Delete
Name: DE GEUS, AART
Address: 700 EAST MIDDLEFIELD ROAD
City-St-Zip: MOUNTAIN VIEW, CA

Title: COO () Delete
Name: CHAN, CHI-FOON
Address: 700 EAST MIDDLEFIELD ROAD
City-St-Zip: MOUNTAIN VIEW, CA 94043

Title: VP () Delete
Name: SLOMA, GEOFF
Address: 700 EAST MIDDLEFIELD ROAD
City-St-Zip: MOUNTAIN VIEW, CA 94043

Title: DIR () Delete
Name: CHIZEN, BRUCE
Address: 700 EAST MIDDLEFIELD ROAD
City-St-Zip: MOUNTAIN VIEW, CA 94043

Title: DIR () Delete
Name: WAISKE, STEVEN
Address: 700 EAST MIDDLEFIELD ROAD
City-St-Zip: MOUNTAIN VIEW, CA 94043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GEOFF SLOMA

VP

03/30/2007

Electronic Signature of Signing Officer or Director

Date