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(Request	or's Name)	
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PICK-UP	TIAW	MAIL
(Business	s Entity Name)	<u> </u>
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TRANSMITTAL LETTER

	mendment Section ivision of Corporations	
SUBJE	T: Quickturn Design Systems, Inc.	
	(Name of corporation)	
DOCU	ENT NUMBER:	
The end	sed withdrawal application and fee are submitted for filing.	
	urn all correspondence concerning this the following:	
	Valentina Margulis	
	(Name of Person)	
	Cadence Design Systems, Inc.	
	(Firm/Company)	—
	2655 Seely Avenue, Bldg. 5,	
	(Address)	
	San Jose, CA 95134	
	(City/State and Zip code)	
For furt	er information concerning this matter, please call:	
Valenti	Margulis at (408) 576-3544	
	(Name of Person) (Area Code & Daytime Telephone Nu	mber)

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Quickturn Design Systems, Inc.

(Name of Corpora	aion)	-		
		7	₽ 1	
F93000004595		LA:	AUG	177
(Document Number of Corpor	ation (if known)	<u> </u>	<u>23</u>	TEX:
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Delaware (Incorporated Under I		<u> </u>	=	U
(incorporated Order i	_aws 01)	IATE ORIDA	58	
This corporation is no longer transacting business or conduct voluntarily surrenders its authority to transact business or cond		of Florid	a and	hereby
This corporation revokes the authority of its registered ager appoints the Department of State as its agent for service of pro- time it was authorized to transact business or conduct affairs in	ocess based on a cause of act			
The following is a current mailing address for the corporation:	:			
c/o Cadence Design Systems, Inc. , 2655 Seely Avenue				
(Mailing Addres	ss)		- 	
San Jose, CA 95134				
(City/ State /Zit	2)			
The corporation agrees to notify the Department of State in the	· -	_	ddres	S .
(Signature of a director, president of other officer - if in the hands of a	August 18, 2004 (Date)			
receiver or other court appointed fiduciary, by that fiduciary)	(Dist)			
James J. Cowie	Assistant Secretary			
(Typed or printed name of person signing)	(Title of person	signing)		
FILING FEE S	335			