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

DOCUMENT # F93000004999 03 FEB 19 PM 12: 37 1. Entity Name Quickturn Design Systems, Inc. 700013692827 03/07/03--01051--010 **1200.00 DO NO RWRITE IN RELISISEACE 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 2655 Seely Ave. 2655 Seely Ave. City & State City & State Applied For San Jose, CA San Jose, CA Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 95134 USA **USA** 95134 Fee Required 7. Name and Address of Current Registered Agent CT Corporation System DOMN(C)MANCHE Street Address (P.O. Box Number is Not Acceptable) 200 South Pine Island Rd. INMERICACION CAL Plantation | 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. SPECIAL ABSISTANT SECRETARY 2/18/2003 (NOTE: Registered Agent signature required when registrating) 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS THE President & CEO NAME H. Raymond Bingham STREET ADDRESS 2655 Seely Ave. STEET AD RESS CITY-ST-ZIP Jose CA Sr. Vice President & CFO THE NAME William Porter STREET ADDRESS 2655 Seely Ave. CITY-ST-ZIP San Jose, CA 95134 CIY-ST-71P TITLE Secretary R.L. Smith McKeithen NAME STREET ADDRESS 2655 Seely Ave. DONOMANA CITY-ST-ZIP San Jose, CA 95134 TITLE Director NITHISKRAGE NAME Susan Bostrom STREET ADDRESS 2655 Seely Ave. STRUCT AUDRESS CITY: ST-ZIP San Jose, CA 95134 TITLE George M. Scalise NAME STREET ADDRESS 2655 Seely Ave. San Jose, CA 95134 in cran TITLE Director NAME Dr. Leonard Y.W. Liu NALST . STREET ADDRESS 2655 Seely Ave. STRUCT ACCRES San Jose, CA 95134 CATY-\$1-22 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 11 or on an attachment with an address, with all other like empowered.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.L. Smith McKeithen, Secretary

SIGNATURE: