

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000000751 (4)**  
1. Corporation Name  
**CADENCE TECHNOLOGIES, INC.**



Principal Place of Business <b>1006 WINDWARD RIDGE PKWY. ALPHARETTA GA 30202</b>	Mailing Address <b>1006 WINDWARD RIDGE PKWY. ALPHARETTA GA 30202</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/11/1997</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>58-1784319</b>	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
25. Zip	26. Country	30. Zip	31. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

8. Name and Address of Current Registered Agent <b>HEYCK, JOSEPH G JR ESQ 101 E. KENNEDY BLVD., BARNETT PLAZA, #1240 TAMPA FL 33602</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code	
		<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

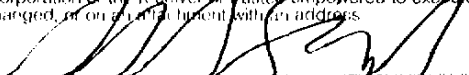
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <b>BRINK, G H JR 11295 WEST RD. ROSWELL GA 30075</b>	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V <b>BRYANT, DAVID G 245 MOUNTAIN POINT ROSWELL GA 30075</b>	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	S <b>ELLIOTT, JOSEPH A 295 NEMBREE RD. ROSWELL GA 30075</b>	13. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	T <b>SHUMACK, MARCUS L 2011 N. CREEK CIRCLE ALPHARETTA GA 30201</b>	14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		23. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		33. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		43. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		53. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		63. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		64. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



1/6/98 (770) 667-6250

CR2E034 (10/97)