

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003514

1. Entity Name

ORCAD, INC.

Principal Place of Business

9300 SW NIMBUS AVE.
BEAVERTON OR 97008

Mailing Address

9300 SW NIMBUS AVE.
BEAVERTON OR 97223-8328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

93-1062832

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PCEO			<input checked="" type="checkbox"/>	Director, President, CEO	H. Raymond Bingham	2655 Seely Rd., San Jose, CA	95134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	BOSWORTH, MICHAEL F	118 NORTH SHORE CIRCLE	LAKE OSWEGO OR 97034							
	D			<input checked="" type="checkbox"/>	Director, Treasurer, V.P.	William Porter	2655 Seely Rd., San Jose, CA	95134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	DIRECTOR, STEPHEN W	1019 FERNDONE RD.	ANN ARBOR MI 48401							
	D			<input checked="" type="checkbox"/>	Director, Secretary, V.P.	R.L. Smith McKeithen	2655 Seely Rd., San Jose, CA	95134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	MAGNUSON, RICHARD P	355 MARIPOSA AVE.	LOS ALTOS CA 94022							
	D			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MOON, JAMES B	8500 SW CREEKSIDE PL.	BEAVERTON OR 97008							
	D			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SAVAGE, JOHN C	3000 SAND HILL RD.	MENLO PARK CA 94025							
	VCFO			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	BUNDY, P. DAVID	9300 SW NIMBUS AVE.	BEAVERTON OR 97008							

13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.L. Smith McKeithen

Date

408-944-7748

Daytime Phone #

CR2F034 (9/99)