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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14729

(8)

CADENCE DESIGN SYSTEMS, INC.

Principal Place of Business Mailing Address						AINH BIBH BIBH BLOK BIB	1 81613 1681	
555 RIVER OAK SAN JOSE CA		555 RIVER OAKS PKWY. SAN JOSE CA 95134-1917						
					3. Date Incorporated or Qualified 06/05/1987	3a. Date of Last 02/14/1996	Report	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	[<i>f</i>	pplied For	
21		26			77-0148231 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27				Required		
City & State		City & State		6. Election Campaign Financing		May Be		
23] Zip	Country	28	Country	,	Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·	to Fees	
	 1		¬ ′	•	8. This corporation has liability for Florida Statutes	Intangible tax under Yes KNo	s. 199.032,	
24	25 9. Name and Address of Current		<u> </u>	***************************************	10. Name and Address of New Re			
				Name	10, 110110 0100 0100 0100			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD								
	NTATION FL 33324		82	Street A	Address (P.O. Box Number is Not Acceptal	ole)		
PENNATION FE 00024			83	ļ				
				<u> </u>				
			84	City		FL 85 Zig	Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the abov	e-named	corporation submits this statement for the	ourpose of changing	its registered	
office or re agent. La	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607,0505, Flori	thorized by da Statute	y the corp s.	oration's board of directors. I hereby acce	pt the appointment a	s registered	
SIGNATURE	and according to conga			•				
SIGNATURE.	Signature, typed or printed name of registered ager	nt and little if applicable (NOTE: I	Registered Ag	ent signature	required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI			
TITLE	EVP	☐ DELETE	1.1 TITLE	Į	v/s	☐ Change	Addition	
NAME	BINGHAM, H. R	1.2			R.L. Smith McKeithen			
STREET ADDRESS	555 RIVER OAKS PKWY.				555 River Oaks Pkwy. San Jose, CA			
CITY-ST-ZIP			1.4 CITY - 5	ST-21P		F 1 5.		
TITLE	P DELETE				Δ\u00e4	☐ Change	Addition	
NAME	COSTELLO, JOSEPH B.				Stephen Y. Pong 555 River Oaks Pkwy.		-	
STREET ADDRESS	555 RIVER OAKS PARKWAY		2.3 STAEET		San Jose, Cl			
CITY-ST-ZIP	SAN JOSE CA		2. 4 CITY- 3.1 TITLE	ST-ZiP		k Change	Addition	
TITLE	SVP DELETE LEACH, M. R		D		D Loopand V M Ind	A_J change	L-1 MODROUR	
NAME.	555 RIVER OAKS PKWY.			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Leonard Y.W. Lui 555 River Oaks Pkwy.			
STREET ADDRESS				ADDRESS	San Jose, CA			
CITY-ST-ZIP TITLE	COOD	DELETE	3.4 CITY- 4.1 TITLE	51-ZIP	·	☐ Change	Addition	
NAME	LIU, LEONARD Y W.	occie	4. 2 NAME	-	•	Change	hand - Water Coll	
	555 RIVER OAKS PKWY.				1			
STREET ADDRESS CITY-ST-ZIP	SAN JOSE CA		4.4 CITY-	T ADDRESS	•			
TITLE			5.1 TITLE	21-211		☐ Change	Addition	
NAME	MCCUTCHEON, DOUGLAS J		5.2 NAME					
STREET ADDRESS	555 RIVER OAKS PKWY.			T ADDRESS	1			
CITY - ST - ZIP	SAN JOSE CA		5.4 CITY-					
TITLE	VPAS	DELETE	6.1 TITLE	w . B.//		☐ Change	Addition	
NAME	PORTER, WILLIAM	***	6.2 NAME					
STREET ADDRESS	555 RIVER OAKS PKWY.			T ADDRESS				
CITY-ST-ZIP	SAN JOSE CA		6.4 CITY-					

14. I do 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

SIGNATURE: MINICIONALITE REQUIRED ;

Sw. 28,1997 408-943-1234

FILED

Feb 11 1997 8:00am

Secretary of State