

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

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Feb 11 1997 8:00am  
Secretary of State

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                          |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
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| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         |                                                                                                                                                                                                                                    | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>DOCUMENT # P14729 (8)</b><br>1. Corporation Name<br><b>CADENCE DESIGN SYSTEMS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                          |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Principal Place of Business<br><b>555 RIVER OAKS PKWY.<br/>SAN JOSE CA 95134</b>                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                          | Mailing Address<br><b>555 RIVER OAKS PKWY.<br/>SAN JOSE CA 95134-1917</b>                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country                                                                                                                                                                                                                                                                                                                                                             |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |                                                                                                                                                                                                                                    | 3. Date Incorporated or Qualified<br><b>06/05/1987</b><br>3a. Date of Last Report<br><b>02/14/1996</b><br>4. FEI Number<br><b>77-0148231</b><br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION FL 33324</b>                                                                                                                                                                                                                                                                                                                            |  |                                                                                          | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 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 _____<br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                         |  |                                                                                          |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>12. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                          | <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| TITLE <b>EVP</b> <input type="checkbox"/> DELETE<br>NAME <b>BINGHAM, H. R</b><br>STREET ADDRESS <b>555 RIVER OAKS PKWY.</b><br>CITY-ST-ZIP <b>SAN JOSE CA</b>                                                                                                                                                                                                                                                                                                   |  |                                                                                          | 1.1 TITLE <b>V/S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>1.2 NAME <b>R.L. Smith McKeithen</b><br>1.3 STREET ADDRESS <b>555 River Oaks Pkwy.</b><br>1.4 CITY-ST-ZIP <b>San Jose, CA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| TITLE <b>P</b> <input type="checkbox"/> DELETE<br>NAME <b>COSTELLO, JOSEPH B.</b><br>STREET ADDRESS <b>555 RIVER OAKS PARKWAY</b><br>CITY-ST-ZIP <b>SAN JOSE CA</b>                                                                                                                                                                                                                                                                                             |  |                                                                                          | 2.1 TITLE <b>V/P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>2.2 NAME <b>Stephen Y. Tong</b><br>2.3 STREET ADDRESS <b>555 River Oaks Pkwy.</b><br>2.4 CITY-ST-ZIP <b>San Jose, CA</b>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| TITLE <b>SVP</b> <input type="checkbox"/> DELETE<br>NAME <b>LEACH, M. R</b><br>STREET ADDRESS <b>555 RIVER OAKS PKWY.</b><br>CITY-ST-ZIP <b>SAN JOSE CA</b>                                                                                                                                                                                                                                                                                                     |  |                                                                                          | 3.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME <b>Leonard Y.W. Lui</b><br>3.3 STREET ADDRESS <b>555 River Oaks Pkwy.</b><br>3.4 CITY-ST-ZIP <b>San Jose, CA</b>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| TITLE <b>COO</b> <input type="checkbox"/> DELETE<br>NAME <b>LIU, LEONARD Y W.</b><br>STREET ADDRESS <b>555 RIVER OAKS PKWY.</b><br>CITY-ST-ZIP <b>SAN JOSE CA</b>                                                                                                                                                                                                                                                                                               |  |                                                                                          | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| TITLE <b>VP</b> <input checked="" type="checkbox"/> DELETE<br>NAME <b>MCCUTCHEON, DOUGLAS J</b><br>STREET ADDRESS <b>555 RIVER OAKS PKWY.</b><br>CITY-ST-ZIP <b>SAN JOSE CA</b>                                                                                                                                                                                                                                                                                 |  |                                                                                          | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| TITLE <b>VPAS</b> <input type="checkbox"/> DELETE<br>NAME <b>PORTER, WILLIAM</b><br>STREET ADDRESS <b>555 RIVER OAKS PKWY.</b><br>CITY-ST-ZIP <b>SAN JOSE CA</b>                                                                                                                                                                                                                                                                                                |  |                                                                                          | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **28, 1997** 408-943-1234  
Daytime Phone #

CR2E034 (9/96)