

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14729

FILED
Jan 09, 2007
Secretary of State

Entity Name: CADENCE DESIGN SYSTEMS, INC.

Current Principal Place of Business:

2655 SEELY AVENUE
SAN JOSE, CA 95134

New Principal Place of Business:

Current Mailing Address:

2655 SEELY AVENUE
BLDG. 5
SAN JOSE, CA 95134

New Mailing Address:

FEI Number: 77-0148231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: FISTER, MICHAEL J
Address: 2655 SEELY RD
City-St-Zip: SAN JOSE, CA

Title: D () Delete
Name: FISTER, MICHAEL J
Address: 2655 SEELY AVENUE, BLDG. 5
City-St-Zip: SAN JOSE, CA 95134

Title: D () Delete
Name: SCALISE, GEORGE M
Address: 2655 SEELY AVENUE
City-St-Zip: SAN JOSE, CA 95134

Title: D () Delete
Name: DONALD, LUCAS
Address: 2655 SEELY AVENUE
City-St-Zip: SAN JOSE, CA 95134

Title: S () Delete
Name: MCKEITHEN, R.L. SMITH
Address: 2655 SEELY AVENUE
City-St-Zip: SAN JOSE, CA 95134

Title: VPCF () Delete
Name: PORTER, WILLIAM
Address: 2655 SEELY AVENUE
City-St-Zip: SAN JOSE, CA 95134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. L. SMITH MCKEITHEN

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01/09/2007

Electronic Signature of Signing Officer or Director

_____ Date