

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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DOCUMENT # **P30069** (9)  
1. Corporation Name  
**IKOS SYSTEMS, INC.**



Principal Place of Business: **19050 PRUNERIDGE AVE. CUPERTINO CA 95014**  
Mailing Address: **19050 PRUNERIDGE AVE. CUPERTINO CA 95014**

|                                |                         |  |  |
|--------------------------------|-------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address     | 3. Date Incorporated or Qualified<br><b>07/06/1990</b>   | 3a. Date of Last Report<br><b>04/25/1995</b>                                       |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 4. FEI Number<br><b>77-0100318</b>   | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 22. City & State               | 27. City & State        | 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required  |
| 23. Zip                        | 28. Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees   |
| 24. Country                    | 29. Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>THE PRENTICE-HALL CORPORATION SYSTEM INC.<br/>1201 HAYS STREET<br/>SUITE 105<br/>TALLAHASSEE FL 32301</b> | 10. Name and Address of New Registered Agent |
| 81. Name  |  |
| 82. Street Address (P.O. Box Number is Not Acceptable)  |  |
| 83.   |  |
| 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 heretly accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and not applicable (NOTE: Registered Agent's signature must be typed and not applicable)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | CD <input type="checkbox"/> DELETE             | 1. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CASILLI, GERALD S.                             | 12. NAME  | <i>- See attachment #1 -</i>                                      |
| STREET ADDRESS             | 19050 PRUNERIDGE AVE                           | 13. STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CUPERTINO CA                                   | 14. CITY-ST-ZIP                                       |   |
| TITLE                      | VSD <input checked="" type="checkbox"/> DELETE | 2. TITLE  |   |
| NAME                       | FAZAKERLY, WILLIAM B.                          | 22. NAME  |   |
| STREET ADDRESS             | 19050 PRUNERIDGE AVE                           | 23. STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CUPERTINO CA                                   | 24. CITY-ST-ZIP                                       |   |
| TITLE                      | V <input type="checkbox"/> DELETE              | 3. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HAFEMAN, DANIEL R.                             | 32. NAME  |   |
| STREET ADDRESS             | 19050 PRUNERIDGE AVE                           | 33. STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CUPERTINO CA                                   | 34. CITY-ST-ZIP                                       |   |
| TITLE                      | V <input type="checkbox"/> DELETE              | 4. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MELLING, LARRY                                 | 42. NAME  |   |
| STREET ADDRESS             | 19050 PRUNERIDGE AVE                           | 43. STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CUPERTINO CA                                   | 44. CITY-ST-ZIP                                       |   |
| TITLE                      | V <input type="checkbox"/> DELETE              | 5. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STRESSING, JOHN                                | 52. NAME  |   |
| STREET ADDRESS             | 19050 PRUNERIDGE AVE                           | 53. STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CUPERTINO CA                                   | 54. CITY-ST-ZIP                                       |   |
| TITLE                      | PD <input type="checkbox"/> DELETE             | 6. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | NUNEZ, RAMON                                   | 62. NAME  |   |
| STREET ADDRESS             | 19050 PRUNERIDGE AVE                           | 63. STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CUPERTINO CA                                   | 64. CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Joseph W. Rockson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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Attachment #1 - IKOS Systems Inc. FEI #77-0100318

| 13. Additions /Changes to Officers and Directors in 12 |  |
|--|--|
| 1.1 Title  | V/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 Name   | Joseph W. Rockom   |
| 1.3 Street Address                                     | 19050 Pruneridge Avenue  |
| 1.4 City-ST-Zip  | Cupertino, CA 95014  |
| 2.1 Title  | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| 2.2 Name   | Paul Offredi   |
| 2.3 Street Address                                     | 19050 Pruneridge Avenue  |
| 2.4 City-ST-Zip  | Cupertino, CA 95014  |
| 3.1 Title  | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| 3.2 Name   | Stephen M. McLaughlin  |
| 3.3 Street Address                                     | 19050 Pruneridge Avenue  |
| 3.4 City-ST-Zip  | Cupertino, CA 95014  |
| 4.1 Title  | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| 4.2 Name   | Glenn E. Penisten  |
| 4.3 Street Address                                     | 19050 Pruneridge Avenue  |
| 4.4 City-ST-Zip  | Cupertino, CA 95014  |
| 5.1 Title  | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| 5.2 Name   | James R. Oyer  |
| 5.3 Street Address                                     | 19050 Pruneridge Avenue  |
| 5.4 City-ST-Zip  | Cupertino, CA 95014  |
| 5.1 Title  | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| 5.2 Name   | Lutz P. Henckels   |
| 5.3 Street Address                                     | 19050 Pruneridge Avenue  |
| 5.4 City-ST-Zip  | Cupertino, CA 95014  |