

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

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 18050 PRUNERIDGE AVE. CUPERTINO CA 95014	Mailing Address 19050 PRUNERIDGE AVE. CUPERTINO CA 95014-0718
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/06/1990	3a. Date of Last Report 04/16/1996
21	26	4. FEI Number 77-0100318	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASILLI, GERALD S.	1.2 NAME	
STREET ADDRESS	19050 PRUNERIDGE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CUPERTINO CA	1.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKOM, JOSEPH W.	2.2 NAME	
STREET ADDRESS	19050 PRUNERIDGE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CUPERTINO CA	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFEMAN, DANIEL R.	3.2 NAME	
STREET ADDRESS	19050 PRUNERIDGE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CUPERTINO CA	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLING, LARRY	4.2 NAME	
STREET ADDRESS	19050 PRUNERIDGE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CUPERTINO CA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRESSING, JOHN	5.2 NAME	
STREET ADDRESS	19050 PRUNERIDGE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CUPERTINO CA	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, RAMON	6.2 NAME	
STREET ADDRESS	19050 PRUNERIDGE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CUPERTINO CA	6.4 CITY-ST-ZIP	

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph Rockom* (Joseph Rockom) 1/20/97 (408)255-4567

CR2E034 (9/96)