

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

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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90074 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P30069

1. Corporation Name
IKOS SYSTEMS, INC.

Principal Place of Business 19050 PRUNERIDGE AVE. CUPERTINO CA 95014	Mailing Address 19050 PRUNERIDGE AVE. CUPERTINO CA 95014
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 77-0100318	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 607.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASILLI, GERALD S.	1.2 NAME	Mc Laughlin, Stephen M.
STREET ADDRESS	19050 PRUNERIDGE AVE	1.3 STREET ADDRESS	19050 Pruneridge Ave.
CITY-ST-ZIP	CUPERTINO CA	1.4 CITY-ST-ZIP	Cupertino, CA
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROCKOM, JOSEPH W.	2.2 NAME	HUM, ROBERT
STREET ADDRESS	19050 PRUNERIDGE AVENUE	2.3 STREET ADDRESS	19050 Pruneridge Avenue
CITY-ST-ZIP	CUPERTINO CA	2.4 CITY-ST-ZIP	Cupertino, CA
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAFEMAN, DANIEL R.	3.2 NAME	FATHI, NADER
STREET ADDRESS	19050 PRUNERIDGE AVE	3.3 STREET ADDRESS	19050 Pruneridge Avenue
CITY-ST-ZIP	CUPERTINO CA	3.4 CITY-ST-ZIP	Cupertino, CA
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELLING, LARRY	4.2 NAME	GARDNER, TOM
STREET ADDRESS	19050 PRUNERIDGE AVE	4.3 STREET ADDRESS	19050 Pruneridge Avenue
CITY-ST-ZIP	CUPERTINO CA	4.4 CITY-ST-ZIP	Cupertino, CA
TITLE	V <input checked="" 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 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, with all other like empowered.

SIGNATURE: JOSEPH W. ROCKOM **SIGNATURE REQUIRED** Date 3/5/99 Daytime Phone # _____

CR2E034 (1/1/98)