

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90047 011 ***150.00

DOCUMENT # P30069

1. Entity 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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2. Principal Place of Business 79 GREAT OAKS BLVD.	3. Mailing Address 79 GREAT OAKS BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SAN JOSE CA	City & State SAN JOSE CA
Zip 95119	Country U.S.A.

4. FEI Number **77-0100318** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CASILLI, GERALD S. 19050 PRUNERIDGE AVE CUPERTINO CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ROCKOM, JOSEPH W. 19050 PRUNERIDGE AVENUE CUPERTINO CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAFEMAN, DANIEL R. 19050 PRUNERIDGE AVE CUPERTINO CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MELLING, LARRY 19050 PRUNERIDGE AVE CUPERTINO CA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCLAUGHLIN, STEPHEN M 19050 PRUNERIDGE AVE CUPERTINO CA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUNEZ, RAMON 19050 PRUNERIDGE AVE CUPERTINO CA <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT OF BUSINESS DEVELOPMENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHRIS DITZEN 79 GREAT OAKS, SAN JOSE CA 95119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph W. Rockom Date: 1/12/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRE034 (10/00)