P30069

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporat	ions
SUBJECT: IKOS System	
	(Name of corporation)
DOCUMENT NUMBER:	P30069
The enclosed withdrawal a	pplication and fee are submitted for filing.
Please return all corresponde matter to the following:	ence concerning this
Merrie Lan	gford
 	(Name of Person)
IKOS Systems, Inc	:. C/O Mentor Graphics Corporation
	(Firm/Company)
8005 SW Boeckman	Road
	(Address)
Wilson	rille, OR 97070
_ ·· ··	(City/State and Zip code)
For further information cond	cerning this matter, please call:
Merrie Langford	at (503) 685-7811
(Name of Per	rson) (Area Code & Daytime Telephone Number)
STREET AI	DDRESS: MAILING ADDRESS:

Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

IKOS Systems, Inc.

(Name of Corporation)
P30069
(Document Number of Corporation (if known)
Delaware (Incorporated Under Laws of)
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby
voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This assumption reveless the authority of its registered agent in Florida to assent convice on its behalf and
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the
time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
2007 CW Deeckman Deed
8005 SW Boeckman Road (Mailing Address)
· · · · · · · · · · · · · · · · · · ·
Wilsonville, OR 97070 (City/ State /Zip)
(City/ State /Zip)
Zg o
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
HE E T
7/12/28==================================
(Signature of a director, president or other officer - if in the hands of a (Date)
receiver or other court appointed fiduciary, by that fiduciary)
Dean Freed Vice-President
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35