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**Feb 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P14729 (8)

1. Corporation Name
CADENCE DESIGN SYSTEMS, INC.



Principal Place of Business
**555 RIVER OAKS PKWY.
SAN JOSE CA 95134**

Mailing Address
**555 RIVER OAKS PKWY.
SAN JOSE CA 95134-1917**

3. Date Incorporated or Qualified 06/05/1987	3a. Date of Last Report 02/14/1996
4. FEI Number 77-0148231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____
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	EVP	<input type="checkbox"/> DELETE
NAME	BINGHAM, H. R	
STREET ADDRESS	555 RIVER OAKS PKWY.	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	COSTELLO, JOSEPH B.	
STREET ADDRESS	555 RIVER OAKS PARKWAY	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	LEACH, M. R	
STREET ADDRESS	555 RIVER OAKS PKWY.	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	LIU, LEONARD Y W.	
STREET ADDRESS	555 RIVER OAKS PKWY.	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MCCUTCHEON, DOUGLAS J	
STREET ADDRESS	555 RIVER OAKS PKWY.	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	PORTER, WILLIAM	
STREET ADDRESS	555 RIVER OAKS PKWY.	
CITY-ST-ZIP	SAN JOSE CA	

1.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	R.L. Smith McKeithen	
1.3 STREET ADDRESS	555 River Oaks Pkwy.	
1.4 CITY-ST-ZIP	San Jose, CA	
2.1 TITLE	V/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stephen Y. Tong	
2.3 STREET ADDRESS	555 River Oaks Pkwy.	
2.4 CITY-ST-ZIP	San Jose, CA	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Leonard Y.W. Lui	
3.3 STREET ADDRESS	555 River Oaks Pkwy.	
3.4 CITY-ST-ZIP	San Jose, CA	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *[Signature]* **SIGNATURE REQUIRED** Date: **2/28/1997** Daytime Phone #: **408-943-1234**

CR2E034 (9/96)