

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14729

Entity Name: CADENCE DESIGN SYSTEMS, INC.

Current Principal Place of Business:

2655 SEELY AVENUE, BLDG. 5
SAN JOSE, CA 95134

Current Mailing Address:

2655 SEELY AVENUE, BLDG. 5
SAN JOSE, CA 95134

FEI Number: 77-0148231

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PCEO, DIRECTOR
Name TAN, LIP-BU
Address 2655 SEELY AV., BLDG. 5
City-State-Zip: SAN JOSE CA 95134

Title DIRECTOR
Name ADAMS, MARK W
Address 2655 SEELY AVENUE, BLDG. 5
City-State-Zip: SAN JOSE CA 95134

Title D
Name SOHN, YOUNG K
Address 2655 SEELY AVENUE, BLDG. 5
City-State-Zip: SAN JOSE CA 95134

Title S
Name COWIE, JAMES J
Address 2655 SEELY AVENUE, BLDG. 5
City-State-Zip: SAN JOSE CA 95134

Title CFO
Name RIBAR, GEOFFREY G
Address 2655 SEELY AVENUE, BLDG. 5
City-State-Zip: SAN JOSE CA 95134

Title DIRECTOR
Name SIBONI, ROGER S
Address 2655 SEELY AVENUE, BLDG. 5
City-State-Zip: SAN JOSE CA 95134

Title DIRECTOR
Name PLUMMER, JAMES D
Address 2655 SEELY AVENUE, BLDG. 5
City-State-Zip: SAN JOSE CA 95134

Title DIRECTOR
Name SANGIOVANNI-VINCENTELLI,
ALBERTO PHD
Address 2655 SEELY AVENUE, BLDG. 5
City-State-Zip: SAN JOSE CA 95134

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES J. COWIE

SECRETARY

05/30/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SHOVEN, JOHN B
Address 2655 SEELY AVENUE, BLDG. 5
City-State-Zip: SAN JOSE CA 95134

Title DIRECTOR
Name BOSTROM, SUSAN
Address 2655 SEELY AVENUE, BLDG. 5
City-State-Zip: SAN JOSE CA 95134