

**2019 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

**FILED**  
**Sep 04, 2019**  
**Secretary of State**  
**0174891867CC**

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

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

Title           TREASURER  
Name           HADDAD, JAMES  
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

**Continues on page 2**

*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 JUDSON COWIE**

**SECRETARY**

**09/04/2019**

\_\_\_\_\_  
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

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