

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90398 031 \*\*\*150.00

**DOCUMENT # P14729**

1. Entity 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
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**766570**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>77-0148231</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BINGHAM, H. R	
STREET ADDRESS	2655 SEELY RD	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARTZ, CAROL	
STREET ADDRESS	2655 SEELY RD	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS, DONALD L	
STREET ADDRESS	2655 SEELY RD	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIU, LEONARD Y W.	
STREET ADDRESS	555 RIVER OAKS PKWY.	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MCKEITHEN, R.L SMITH	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan L. Bostrom	
STREET ADDRESS	2655 Seely Ave.	
CITY-ST-ZIP	San Jose, CA	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Alberto Sangiovanni-Vincentelli	
STREET ADDRESS	2655 Seely Ave	
CITY-ST-ZIP	San Jose, CA	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George M. Scalise	
STREET ADDRESS	2655 Seely Ave.	
CITY-ST-ZIP	San Jose CA	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. John B. Shoven	
STREET ADDRESS	2655 Seely Ave.	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger S. Siboni	
STREET ADDRESS	2655 Seely Ave.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: R.L. Smith Mckeithen DATE: 4/1/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)