#### 502032419 08/21/2012

#### PATENT ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

#### CONVEYING PARTY DATA

Name	Execution Date
Synplicity, Inc.	05/19/2008

#### RECEIVING PARTY DATA

Name:	Synplicity, LLC
Street Address:	700 Middlefield Road
City:	Mountain View
State/Country:	CALIFORNIA
Postal Code:	94043

#### PROPERTY NUMBERS Total: 4

Property Type	Number
Patent Number:	6581191
Patent Number:	6904577
Patent Number:	7069526
Patent Number:	6931572

#### CORRESPONDENCE DATA

 Fax Number:
 6509385200

 Phone:
 6503357143

Email: aeidinger@fenwick.com

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US

Mail.

Correspondent Name: Frank Yang

Address Line 1: Fenwick & West LLP
Address Line 2: 801 California Street

Address Line 4: Mountain View, CALIFORNIA 94041

ATTORNEY DOCKET NUMBER:	22524-01010
NAME OF SUBMITTER:	Frank Yang

Total Attachments: 2

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PATENT REEL: 028824 FRAME: 0301 \$160.00 6581

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# State of California Secretary of State

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of \_\_\_\_\_ page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

MAY 1 9 2008

DEBRA BOWEN
Secretary of State

Sec/State Form CE-107 (REV 1/2007)

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## State of California Secretary of State

D0912978 File# 200814010034 LLC-1A

ENDORSED - FILED in the office of the Secretary of State of the State of California

MAY 1 6 2008

### LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION - CONVERSION

Read all instructions before completing this form. THATOMES

This Space For Filling Use Only

CONVERTED ENTITY INFORMATION  1. NAME OF LIMITED LIABILITY COMPANY (End the name with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)  Synplicity, LLC  2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLER LIMITED LIABILITY COMPANY ACT.  3. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (Check only one)  ONE MANAGER  MORE THAN ONE MANAGER  ALL LIMITED LIABILITY COMPANY MEMBER(S)  4. MAILING ADDRESS OF THE CHIEF EXECUTIVE OFFICE  TOO Middlefield Road  Mountain View  CA  94043  5. NAME OF AGENT FOR SERVICE OF PROCESS (Item 5: Enter the name of the agent for service of process. The agent may be an individual residir in California or a corporation that has filed a certificate pursuant to California Corporations Code section 1505. Item 6: If the agent is an individual, enter the agent's business or residential address in California. Item 7: If the converting entity is a California limited partnership, enter the mailing address the individual or corporate agent. Check the box and omit the mailing address if the agent's mailing address is the same as the address in tem 6.)  Corporation Service Company which will do business in California as CSC-Lawyers Incorporating Service  6. If AN INDIVIDUAL, ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CA  CITY  STATE ZIP CODE  CA  7. MAILING ADDRESS OF AGENT FOR SERVICE OF PROCESS  CITY  STATE ZIP CODE
*Limited* and "Company" may be abbreviated to "Lid." and "Co.," respectively.)  Synplicity, LLC  THE PURPOSE OF THE LIMITED LIABILTY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.  THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (Check only one)  ONE MANAGER  MORE THAN ONE MANAGER  ALL LIMITED LIABILITY COMPANY MEMBER(S.  MAILING ADDRESS OF THE CHIEF EXECUTIVE OFFICE  CHY  STATE ZIP CODE  700 Middlefield Road  Mountain View  CA  94043  NAME OF AGENT FOR SERVICE OF PROCESS (Item 5: Enter the name of the agent for service of process. The agent may be an individual residir in California or a corporation that has filed a certificate pursuant to California Corporations Code section 1505. Item 6: If the agent is an individual, enter the agent's business or residential address in California. Item 7: If the converting entity is a California limited partnership, enter the mailing address the individual or corporate agent. Check the box and omit the mailing address if the agent's mailing address is the same as the address in Item 6.)  Corporation Service Company which will do business in California as CSC-Lawyers Incorporating Service  8. IF AN INDIVIDUAL, ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CA  CITY  STATE ZIP CODE  CA
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CA
7. MAILING ADDRESS OF AGENT FOR SERVICE OF PROCESS CITY STATE ZIP CODE
THE MAILING ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IS THE SAME AS THE AGENT'S BUSINESS OR RESIDENTIAL ADDRESS IN ITEM 8.
CONVERTING ENTITY INFORMATION
8. NAME OF CONVERTING ENTITY
Synplicity, Inc.
9. FORM OF ENTITY 10. JURISDICTION 11. CA SECRETARY OF STATE FILE NUMBER, IF ANY
Corporation California C1832430
12. THE PRINCIPAL TERMS OF THE PLAN OF CONVERSION WERE APPROVED BY A VOTE OF THE NUMBER OF INTERESTS OR SHARES OF EACH CLA THAT EQUALED OR EXCEEDED THE VOTE REQUIRED. IF A VOTE WAS REQUIRED, PROVIDE THE FOLLOWING FOR EACH CLASS:
STATE THE CLASS AND NUMBER OF OUTSTANDING INTERESTS ENTITLED TO VOTE AND THE PERCENTAGE VOTE REQUIRED OF EACH CLASS
Common Stock, 1000 shares 100%
ADDITIONAL INFORMATION
13. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE . PART OF THIS CERTIFICATE.
14. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRE OF MY OWN KNOWLEDGE. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.
05/16/2008
DATE
Erika Varga: . Chairman of the adair and Cardetor
SIGNATURE OF AUTHORIZED PERSON TYPE OR PRINT NAME AND TITLE PERSON
Erika Varga, Secretary, Erika Varga, Secretary
Chlef Executive Officer
SIGNATURE OF AUTHORIZED PERSON TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON
LLC-1A (REV 01/2008) APPROVED BY SECRETARY OF STATI

**PATENT** 

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