

1.) CORPORATION NAME:

MENTOR GRAPHICS CORPORATION

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F0580540**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OR

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8005 SW BOECKMAN ROAD

CITY/ST/ZIP: WILSONVILLE, OR 97070-7777

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	GREGORY K HINCKLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8005 SW BOECKMAN ROAD		
CITY/ST/ZIP/CO:	WILSONVILLE, OR 97070-7777		
NAME:	DEAN FREED	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8005 SW BOECKMAN RD		
CITY/ST/ZIP/CO:	WILSONVILLE, OR 97070		
NAME:	ETHAN MANUEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	8005 SW BOECKMAN ROAD		
CITY/ST/ZIP/CO:	WILSONVILLE, OR 97070		
NAME:	WALDEN C RHINES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8005 SW BOECKMAN RD		
CITY/ST/ZIP/CO:	WILSONVILLE, OR 97070		
NAME:	Keith L Barnes	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8005 SW BOECKMAN ROAD		
CITY/ST/ZIP/CO:	WILSONVILLE, OR 97070		
NAME:	SIR PETER L BONFIELD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8005 SW BOECKMAN ROAD		
CITY/ST/ZIP/CO:	WILSONVILLE, OR 97070		

NAME: KEVIN C MCDONOUGH TITLE: DIRECTOR ADDRESS: 8005 SW BOECKMAN ROAD CITY/ST/ZIP/CO: WILSONVILLE, OR 97070	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICK B MCMANUS TITLE: DIRECTOR ADDRESS: 8005 SW BOECKMAN ROAD CITY/ST/ZIP/CO: WILSONVILLE, OR 97070	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: J. Daniel McCranie TITLE: DIRECTOR ADDRESS: 8005 SW BOECKMAN ROAD CITY/ST/ZIP/CO: WILSONVILLE, OR 97070	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID S SCHECHTER TITLE: DIRECTOR ADDRESS: 8005 SW BOECKMAN ROAD CITY/ST/ZIP/CO: WILSONVILLE, OR 97070	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ DEAN FREED	DEAN FREED, VICE PRESIDENT	5/7/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		