

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 11:11

DOCUMENT # F93000005167 (2)

1. Corporation Name

IA CORPORATION (DELAWARE)

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1800 POWELL STREET SUITE 600 EMERYVILLE CA 94608 US	1900 POWELL STREET SUITE 600 EMERYVILLE CA 94608 US

3. Date Incorporated or Qualified 11/15/1993	3a. Date of Last Report 07/18/1994
4. FEI Number 94-3162865	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of Now Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAVI, C V
STREET ADDRESS	1900 POWELL STREET, SUITE 600
CITY - ST - ZIP	EMERYVILLE CA
TITLE	VST
NAME	WINKLER, DAVID M
STREET ADDRESS	1900 POWELL STREET, SUITE 600
CITY - ST - ZIP	EMERYVILLE CA
TITLE	V
NAME	QUATSE, JESSE T
STREET ADDRESS	1900 POWELL STREET, SUITE 600
CITY - ST - ZIP	EMERYVILLE CA
TITLE	V
NAME	WOLBER, NOEL
STREET ADDRESS	1900 POWELL STREET, SUITE 600
CITY - ST - ZIP	EMERYVILLE CA
TITLE	D
NAME	KRESSEL, HENRY
STREET ADDRESS	466 LEXINGTON AVENUE
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	PETERSON, DUWAYNE
STREET ADDRESS	225 S. LAKE AVE., STE M-203
CITY - ST - ZIP	PASADENA CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AS
3.3 STREET ADDRESS	GERALDINE McGRATH
3.4 CITY - ST - ZIP	1900 POWELL STREET, SUITE 600 EMERYVILLE CA
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	PETER STALKER III
4.4 CITY - ST - ZIP	466 LEXINGTON AVE NEW YORK, NY
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	CHARLES MALKA
6.4 CITY - ST - ZIP	4, CHEMIN DE MALACHER, ZIRST 4401 MEYLAN CEDEX FRANCE 38944

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: David M. Winkler DATE: 6/6/95 (510)450-7000
SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR