

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000005167 (2)**

1. Corporation Name
IA CORPORATION (DELAWARE)



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

3. Date Incorporated or Qualified: 11/15/1993
3a. Date of Last Report: 06/20/1995
4. FLI Number: 94-3162865
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

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 New Registered Agent (81-85)

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: *David M Winkler* **DAVID M WINKLER** *V.P. Finance* **No change** **3-27-96**
Date: 3-27-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAVI, C V	1.2 NAME	
STREET ADDRESS	1900 POWELL STREET, SUITE 600	1.3 STREET ADDRESS	
CITY-ST-ZIP	EMERYVILLE CA	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINKLER, DAVID M	2.2 NAME	
STREET ADDRESS	1900 POWELL STREET, SUITE 600	2.3 STREET ADDRESS	
CITY-ST-ZIP	EMERYVILLE CA	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH, GERALDINE	3.2 NAME	
STREET ADDRESS	1900 POWELL STREET, SUITE 600	3.3 STREET ADDRESS	
CITY-ST-ZIP	EMERYVILLE CA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALKER, PETER I	4.2 NAME	
STREET ADDRESS	466 LEXINGTON AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRESSEL, HENRY	5.2 NAME	
STREET ADDRESS	466 LEXINGTON AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALKA, CHARLES	6.2 NAME	
STREET ADDRESS	4, CHEMIN DE MALACHER, ZIRST 4401	6.3 STREET ADDRESS	
CITY-ST-ZIP	MEYLAN CEDEX FR	6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: *David M Winkler* **DAVID M WINKLER** **4-29-96** **510-450-7000**
Date: 4-29-96 Daytime Phone #: 510-450-7000

CR2E034 (12/95)