

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

11/15/1993

3a. Date of Last Report

06/20/1995

4. FET Number

94-3162865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

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 H. Winkler
Signature, typed or printed name of registered agent and is, if applicable

DAVID H. WINKLER

V.P. Monroe

No change

3-27-96

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

RAVI, C V

STREET ADDRESS

1900 POWELL STREET, SUITE 600

CITY- ST- ZIP

EMERYVILLE CA

TITLE

VST

☐ DELETE

NAME

WINKLER, DAVID M

STREET ADDRESS

1900 POWELL STREET, SUITE 600

CITY- ST- ZIP

EMERYVILLE CA

TITLE

AS

☐ DELETE

NAME

MCGRATH, GERALDINE

STREET ADDRESS

1900 POWELL STREET, SUITE 600

CITY- ST- ZIP

EMERYVILLE CA

TITLE

D

☐ DELETE

NAME

STALKER, PETER I

STREET ADDRESS

466 LEXINGTON AVE

CITY- ST- ZIP

NEW YORK NY

TITLE

D

☐ DELETE

NAME

KRESSEL, HENRY

STREET ADDRESS

466 LEXINGTON AVENUE

CITY- ST- ZIP

NEW YORK NY

TITLE

D

☐ DELETE

NAME

MALKA, CHARLES

STREET ADDRESS

4, CHEMIN DE MALACHER, ZIRST 4401

CITY- ST- ZIP

MEYLAN CEDEX FR

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 H. Winkler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

510-450-7000

Daytime Phone #

CR2E034 (12/95)