

4-2-97 B 8271 NC
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 02 1997 8:00am
Secretary of State

DOCUMENT # F96000003254 (7)

1. Corporation Name
IA CORPORATION I

Principal Place of Business
1900 POWELL STREET, STE 600
EMERYVILLE CA 94808

Mailing Address
1900 POWELL STREET, STE 600
EMERYVILLE CA 94808



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/26/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 94-3161772		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
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	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POD	1.1 TITLE	D
NAME	RAVI, C V	1.2 NAME	RANDY KATZ
STREET ADDRESS	1900 POWELL STREET, STE 600	1.3 STREET ADDRESS	EECS DEPT, 637 SODA HALL, UC-BERKELEY
CITY-ST-ZIP	EMERYVILLE CA	1.4 CITY-ST-ZIP	BERKELEY, CA 94720-1776
TITLE	VTS	2.1 TITLE	
NAME	WINKLER, DAVID M	2.2 NAME	
STREET ADDRESS	1900 POWELL STREET, STE 600	2.3 STREET ADDRESS	
CITY-ST-ZIP	EMERYVILLE CA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	KRESSEL, HENRY	3.2 NAME	
STREET ADDRESS	466 LEXINGTON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	OLTMAN, JOHN	4.2 NAME	
STREET ADDRESS	476 WEST DEMING PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	STALKER III, PETER	5.2 NAME	
STREET ADDRESS	466 LEXINGTON AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	MCGRATH, GERALDINE	6.2 NAME	
STREET ADDRESS	1900 POWELL STREET, STE 600	6.3 STREET ADDRESS	
CITY-ST-ZIP	EMERYVILLE CA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, and on an attachment with an address.

SIGNATURE *Geraldine McGrath* GERALDINE MCGRATH, ASST. SECY. 7/30/97 510/450-6827

CR2E034 (4/97)