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Mar 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003254 (7)

1. Corporation Name  
IA CORPORATION I

Principal Place of Business  
1800 POWELL STREET, STE 600  
EMERYVILLE CA 94608

Mailing Address  
1800 POWELL STREET, STE 600  
EMERYVILLE CA 94608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/26/1996

4. FEI Number  
94-3161772

Applied For  
Not Applicable

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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

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

TITLE PCD ☐ DELETE

NAME RAVI, C V  
STREET ADDRESS 1900 POWELL STREET, STE 600  
CITY-ST-ZIP EMERYVILLE CA

TITLE VTS ☐ DELETE

NAME WINKLER, DAVID M  
STREET ADDRESS 1900 POWELL STREET, STE 600  
CITY-ST-ZIP EMERYVILLE CA

TITLE D ☐ DELETE

NAME KRESSEL, HENRY  
STREET ADDRESS 486 LEXINGTON AVENUE  
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ DELETE

NAME OLTMAN, JOHN  
STREET ADDRESS 476 WEST DEMING PLACE  
CITY-ST-ZIP CHICAGO IL

TITLE D ☒ DELETE

NAME STALKER III, PETER  
STREET ADDRESS 486 LEXINGTON AVENUE  
CITY-ST-ZIP NEW YORK NY

TITLE AS ☐ DELETE

NAME MCGRATH, GERALDINE  
STREET ADDRESS 1900 POWELL STREET, STE 600  
CITY-ST-ZIP EMERYVILLE CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME RANDY KATZ  
1.3 STREET ADDRESS EECS DEPT, 637 SODA HALL, UC BERKELEY  
1.4 CITY-ST-ZIP BERKELEY, CA 94720-1776

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME STEWART GROSS  
2.3 STREET ADDRESS E.M. WARBUG, PINCUS & CO., INC.  
466 LEXINGTON AVENUE  
2.4 CITY-ST-ZIP NEW YORK, NY 10017-3147

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

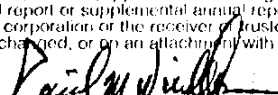
5.1 TITLE ☐ Change ☐ Addition

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 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, 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 2-25-98

CR2E034 (10/97)