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May 08, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003254

1. Corporation Name
IA CORPORATION I

Principal Place of Business 1900 POWELL STREET, STE 600 EMERYVILLE CA 94608	Mailing Address 1900 POWELL STREET, STE 600 EMERYVILLE CA 94608
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/26/1996	4. FEI Number 94-3161772	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip	Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	RAVI, C V	
STREET ADDRESS	1900 POWELL STREET, STE 600	
CITY-ST-ZIP	EMERYVILLE CA	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	WINKLER, DAVID M	
STREET ADDRESS	1900 POWELL STREET, STE 600	
CITY-ST-ZIP	EMERYVILLE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRESSEL, HENRY	
STREET ADDRESS	466 LEXINGTON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLTMAN, JOHN	
STREET ADDRESS	476 WEST DEMING PLACE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KATZ, RANDY	
STREET ADDRESS	EEDS DEPT, 637 SODA HALL, UC BERKELY	
CITY-ST-ZIP	BERKELEY CA 94720-1776	
TITLE	AS	<input type="checkbox"/> 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	PCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Moran, Kevin	
1.3 STREET ADDRESS	1900 Powell St., Ste. 600	
1.4 CITY-ST-ZIP	Emeryville, CA 94608	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McCarthy, Timothy F.	
2.3 STREET ADDRESS	44 Montgomery St., Ste. 1900	
2.4 CITY-ST-ZIP	San Francisco, CA 94104	
3.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gross, Stewart	
3.3 STREET ADDRESS	466 Lexington Avenue	
3.4 CITY-ST-ZIP	New York, NY 10017	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> 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 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, with all other like empowered.

SIGNATURE: *Randy Katz* **UNRECORDED** 4/1/99 (510) 450-6802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)