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May 08, 1999 8:00 am
Secretary of State

05-08-1999 90015 004 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| 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 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD RAVI, C V 1900 POWELL STREET, STE 600 EMERYVILLE CA | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PCD Moran, Kevin 1900 Powell St., Ste. 600 Emeryville, CA 94608 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTS WINKLER, DAVID M 1900 POWELL STREET, STE 600 EMERYVILLE CA | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | D McCarthy, Timothy F. 44 Montgomery St., Ste. 1900 San Francisco, CA 94104 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KRESSEL, HENRY 466 LEXINGTON AVENUE NEW YORK NY | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | D. Gross, Stewart 466 Lexington Avenue New York, NY 10017 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OLTMAN, JOHN 476 WEST DEMING PLACE CHICAGO IL | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KATZ, RANDY EEDS DEPT, 637 SODA HALL, UC BERKELY BERKELEY CA 94720-1776 | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS MCGRATH, GERALDINE 1900 POWELL STREET, STE 600 EMERYVILLE CA | 6.1 TITLE 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99
Date

(510) 450-6802
Daytime Phone #

CR2E034 (11/98)