

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Mar 11 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		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 <b>1800 POWELL STREET, STE 600 EMERYVILLE CA 94608</b>	Mailing Address <b>1800 POWELL STREET, STE 600 EMERYVILLE CA 94608</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/26/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>94-3161772</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				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	PCD	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RAVI, C V		1.2 NAME	RANDY KATZ			
STREET ADDRESS	1900 POWELL STREET, STE 600		1.3 STREET ADDRESS	EPCS DEPT, 637 SODA HALL, UC BERKELEY			
CITY-ST-ZIP	EMERYVILLE CA		1.4 CITY-ST-ZIP	BERKELEY, CA 94720-1776			
TITLE	VTS	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WINKLER, DAVID M		2.2 NAME	STEWART GROSS			
STREET ADDRESS	1900 POWELL STREET, STE 600		2.3 STREET ADDRESS	E.M. WARBUG, PINCUS & CO., INC.			
CITY-ST-ZIP	EMERYVILLE CA		2.4 CITY-ST-ZIP	466 LEXINGTON AVENUE NEW YORK, NY 10017-3147			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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, or person 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* **DAVID M. WINKLER** 2-25-98

CR2E034 (10/97)