FORM 5

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OWNERSHIP

Machinaton	$D \subset$	205/10
Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPROVAL							
OMB Number:	3235-0362						
Estimated average burden							

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

☐ Form	3 Holdings Rep	orted				O۱	WNEF	RSF	HP					hour	rs per re	esponse:	1.0	
_	4 Transactions		Fil	ed pursuant t										<u>,</u>				
1. Name and Address of Reporting Person* WEST MICHAEL D				2. Issuer								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 1201 HARBOR BAY PARKWAY					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2005							Officer (give title Other (specify below) below)						
(Street) ALAMEDA CA 94502				4. If Amer	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S		(Zip)							_			_	_				
1. Title of S	Security (Instr.		2. Transaction Date (Month/Day/Year)	2A. Deemed	d	3. Tran	saction e (Instr.	4. Se	ecurities Acq () (Instr. 3, 4	uired (A)		Securities Ownership II				. Nature of ndirect		
	(wontum			(Month/Day	n/Day/Year)			Amount		(A) or (D)	Price		Owned a Issuer's Year (Ins 4)	t end of (D)		ect (I) (Ownership (Instr. 4)	
Common	Shares, no	par value											78,3	32(1)		D		
		Т	able II - Deriva e.g., p	tive Secu outs, calls									Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv	r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) ired seed 3, 4		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		S (1	8. Price of Derivative Security (Instr. 5) Benefici Owned Followir Reporte Transac (Instr. 4)		e s Illy	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)		
					(A)	(D)	Date Exercisa	able	Expiration Date	Title	or	umber f						
Option to Purchase Common Shares	\$1						10/28/2	002	10/27/2007	Commo		0		15,000	15,000 D			
Option to Purchase Common Shares	\$1						11/30/2	002	10/27/2007	Commo Shares		5		1,666	66 D			
Option to Purchase Common Shares	\$1						12/31/2	002	10/27/2007	Commo Shares		5		1,666	D			
Option to Purchase Common Shares	\$1.55						(2)		03/30/2008	Commo Shares		0		20,000	0	D		
Option to Purchase Common Shares	\$2.17						(3)		03/07/2009	Commo Shares		0		20,00	20,000 D			
Option to Purchase Common Shares	\$1.26						(4)		03/30/2010	Commo		0		20,000	0	D		

Explanation of Responses:

- 1. Includes 78,332 shares that Dr. West may aquire through the exercise of stock options.
- 2. 5,000 options became exercisable on March 31, 2003 and the remaining 15,000 became exercisable in 9 equal monthly installments based upon continued service on the board of directors.
- 3. 5,000 options became exercisable on March 31, 2004 and the remaining 15,000 became exercisable in 3 equal quarterly installments based upon continued service on the board of directors.
- 4. 5,000 options became exercisable on March 31, 2005 and the remaining 15,000 became exercisable in 3 equal quarterly installments based upon continued service on the board of directors.

Remarks:

/s/ Michael D. West

02/14/2006

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.