Applied For Not Applicable

ADDRESS CHANGES ONLY

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2002 UNI	FORM BUS	INESS REP	ORT	(UBR)			m 1-4 ₄ ^ 0		.*
DOCUMENT 1. Entity Name	# A990 0	0000204			FILED				
GATEWAY CREDIT LTD.					02 MAY +2 PM 2: 25				
Principal Place of Business 441 VICTORY LANE. SUITE 200 SOUTH SAN FRANCISCO CA 94080		Mailing Address 1000 MARINA BLVD SUITE 600 BRISBANE CA 94005			SECRETARY OF STATE TALLAHASSEE. FLORIDA				
2. Principal Place of Business 1000 Marina Blvd.		3. Mailing Address 1000 Marina Blvd.		_					
Suite, Apt. #, etc. 600		Suite, Apt. #, etc.		DUE BY MAY 1, 2002					
City & State Brisbane, CA		City & State Brisbane, CA			4. FE! Number 94-3326627			Applie Not Ap	pplica
Zip 94005	Country San Mateo	Zip 94005	Cour San	Mateo			F	8.75 Addition ee Required	nal
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Address (P.O. Box Number is Not Acceptable)						
TEANTAILOR TE GOL	, ,		City				FL	Zip Code	
8. The above named enti	ty submits this statement	for the purpose of changing i	ts register	ed office or registe	red agent, or both	, in the State of Flo	rida.	·	
SIGNATURESignature, type	d or printed name of registered ager	at and title if applicable.	······································	 	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , 	DATE	 	
9. Capital Contributions 44 500 00 10. Amo			mount of Capital Contributions \$4,500			11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
Λ.	CENEDAL DARTNER	THAT IS A BUSINESS E	NTITY M	HIST BE DECIS	TERED AND AC	TIVE WITH THE	SOFFICE		

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

GENERAL PARTNER INFORMATION

13. DOCUMENT # P99000004713 STREET ADDRESS **GATEWAY CREDIT CORPROATION** NAME 1000 Marina Blvd., Suite 600 441 VICTORY LANE, SUITE 200 STREET ADDRESS CITY-ST-ZIP SOUTH SAN FRANCISCO CA 94080 CITY-ST-ZIP Brisbane, CA 94005 DOCUMENT # STREET ADDRESS <u>600005</u>554886--5 NAME -05/16/02--01046--002 STREET ADDRESS CITY-ST-ZIP ****141.25 ****141.25 CITY-ST-ZIP DOCUMENT # _STREET ADDRESS NAME 1 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUME STREET ADDRESS NAME STREE CITY-ST-ZIP 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Divina Viray, Secretary

SIGNATURE:

12.

REQUEN General Partner:

(650) 869-3974