03-18-2005 90059 014 ***150.00
F03000005883

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000005883

1. Entity Name
GATEWAY BUSINESS BANK, CORPORATION

FILED
05 MAR 25 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
18000 STUDEBAKER ROAD, SUITE 550 CERRITOS, CA 90703	1403 NORTH TUSTIN AVENUE, SUITE 280 SANTA ANA, CA 92705

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01032005 Chg-P CR2E034 (10/03)

4. FEI Number 86-0730601 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD ☐ Delete	TITLE	D ☐ Change ☑ Addition
NAME	TARBELL, RONALD	NAME	Richard E. Proudfit
STREET ADDRESS	1403 N. TUSTIN AVENUE, SUITE 280	STREET ADDRESS	1403 N. Tustin Ave. Ste. 280
CITY-ST-ZIP	SANTA ANA, CA 92705	CITY-ST-ZIP	Santa Ana, CA 92705
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CLLIPPINGER, ROBERT W	NAME	
STREET ADDRESS	30131 TOWN CENTER DRIVE, SUITE 242	STREET ADDRESS	
CITY-ST-ZIP	LAGUNA NIGUEL, CA 92677	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JAKOBI, PHIL F	NAME	
STREET ADDRESS	6238 NAPOLI COURT	STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH, CA 90803	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LIPINSKI, KENNETH A	NAME	
STREET ADDRESS	2424 S.E. BRISTOL, 2ND FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH, CA 92660	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALVARADO, RAYMOND G	NAME	
STREET ADDRESS	4 PART PLAZA, SUITE 1200	STREET ADDRESS	
CITY-ST-ZIP	IRVINE, CA 92614	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OSTLUND, SCOTT	NAME	
STREET ADDRESS	3535 INLAND EMPIRE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ONTARIO, CA 91764	CITY-ST-ZIP	

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marsha Boniti — Marsha K. Boniti VP/Asst. Sec. 3/15/05 714-972-3832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/25 ad