2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000005883

1. Entity Name
GATEWAY BUSINESS BANK, CORPORATION

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

DO NOT WRITE IN THIS SPACE

03292007 No Chg-P CR2E034 (11/05)

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

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	TARBELL, RONALD
STREET ADDRESS	1403 N. TUSTIN AVENUE, SUITE 280
CITY-ST-ZIP	SANTA ANA, CA 92705
TITLE	D
NAME	CLLIPPINGER, ROBERT W
STREET ADDRESS	30131 TOWN CENTER DRIVE, SUITE 242
CITY-ST-ZIP	LAGUNA NIGUEL, CA 92677
TITLE	D
NAME	JAKOBI, PHIL F
STREET ADDRESS	6238 NAPOLI COURT
CITY-ST-ZIP	LONG BEACH, CA 90803
TITLE	D
NAME	LIPINSKI, KENNETH A
STREET ADDRESS	2424 S.E. BRISTOL, 2ND FLOOR
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	D
NAME	ALVARADO, RAYMOND G
STREET ADDRESS	4 PART PLAZA, SUITE 1200
CITY-ST-ZIP	IRVINE, CA 92614
TITLE	D
NAME	OSTLUND, SCOTT
STREET ADDRESS	3535 INLAND EMPIRE BLVD.
CITY-ST-ZIP	ONTARIO, CA 91764

U00000684807
04/06/07-80047-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 K. Boniti VP- Marsha K. Boniti 3/28/07 (714) 972-3832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #