## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 20, 2002 8:00 am DOCUMENT # F96000006860 **Secretary of State** 1. Entity Name 02-20-2002 90049 036 \*\*\*150 00 GATEWAY CUMBERLAND PROPERTIES, INC. Principal Place of Business Mailing Address 300 N. LAKE AVE... #620 .... 300 N: LAKE AVE., #620 117 PASADENA CA 91101 PASADENA CA 91101 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 95-4596969 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01 TITLE Delete TITLE Change ☐ Addition NAME RICHTER, MARSHA NAME STREET ADDRÉSS STREET ADDRESS 300 N. LAKE AVE., #620 CITY-ST-ZIP CITY-ST-ZIP PASADENA CA 91101 Change ☐ Delete Addition TITLE TITLE **VPS** NAME SHULER, MARGARET O NAME STREET ADDRESS STREET ADDRESS 300 N. LAKE AVE., #620 CITY-ST-ZIP CITY-ST-ZIP PASADENA CA ☐ Change ☐ Addition TITLE ☐ Delete TITLE **VP** NAME NAME MUIR. DAVID L STREET ADDRESS STREET ADDRESS 300 N LAKE AVE, STE 620 CITY-ST-ZIP CITY-ST-ZIP PASADENA CA Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME RADEMACHER, GREGG STREET ADDRESS STREET ADDRESS 300 N LAKE AVE, STE 620 CITY-ST-ZIP CITY-ST-ZIP PASADENA CA ☐ Delete Change TITLE ■ Addition TITLE NAME NAME BUEHNER, EARL W STREET ADDRESS STREET ADDRESS 300 NORTH LAKE AVENUE, STE 620 CITY-ST-ZIP CITY-ST-ZIP PASADENA CA TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment MAHGARET O. SHULFR

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP