

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000004073	
1. Entity Name GATEWAY GP MAITLAND, INC.	

Principal Place of Business 300 NORTH LAKE AVENUE, SUITE 620 PASADENA, CA 91101	Mailing Address 300 NORTH LAKE AVENUE, SUITE 620 PASADENA, CA 91101
--	--

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 95-4710381	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301
--

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) **DATE** _____

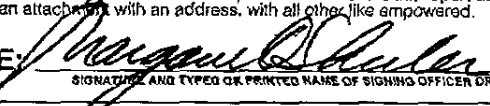
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO RICHTER, MARSHA D 300 NORTH LAKE AVENUE, SUITE 620 PASADENA, CA 91101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SHULER, MARGARET O 300 NORTH LAKE AVENUE, SUITE 620 PASADENA, CA 91101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUIR, DAVID L 300 NORTH LAKE AVENUE, SUITE 620 PASADENA, CA 91101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RADEMACHER, GREGG 300 NORTH LAKE AVENUE, SUITE 620 PASADENA, CA 91101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BUEHNER, EARL W 300 NORTH LAKE AVENUE, SUITE 620 PASADENA, CA 91101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000511706
04/29/06-80052-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **MARGARET O SHULER**
VICE PRESIDENT & SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **9/13-06** **026**
Date **504-23413**
Daytime Phone #