## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 05, 2008 8:00 am **Secretary of State DOCUMENT # F99000004073** 02-05-2008 90010 032 \*\*\*150.00 GATEWAY GP MAITLAND, INC. Principal Place of Business Mailing Address 300 NORTH LAKE AVENUE, SUITE 620 300 NORTH LAKE AVENUE, SUITE 620 PASADENA, CA 91101 PASADENA, CA 91101 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172008 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 95-4710381 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. - -Street Address (P.O. Box Number is Not Acceptable) 515 E. PARK AVE. TALLAHASSEE, FL 32301 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and little III applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE VS. □ Delete TITLE ☐ Change ■ Addition SHULER, MARGARET O NAME NAME STREET ADDRESS 300 NORTH LAKE AVENUE, SUITE 620 STREET ADDRESS C!TY-ST-ZIP PASADENA, CA 91101 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition MUIR, DAVID L NAME NAME 300 NORTH LAKE AVENUE, SUITE 620 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PASADENA, CA 91101 CITY-ST-ZIP PCEO TITLE □ Delete TITLE Change ☐ Addition RADEMACHER, GREGG NAME NAME STREET ADDRESS 300 NORTH LAKE AVENUE, SUITE 620 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PASADENA, CA 91101 Change VAS ☐ Delete TITLE ☐ Addition TITI F BUEHNER, EARL W NAME NAME STREET ADDRESS 300 NORTH LAKE AVENUE, SUITE 620 STREET ADDRESS CITY-ST-7IP PASADENA, CA 91101 CITY-ST-ZIP ☐ Delete TITLE ☐ Change **X**Addition TITLE NAME Janice Golden STREET ADDRESS STREET ADDRESS 300 N Lake Ave Ste 620 CITY-ST-ZIP CITY-ST-ZIP Pasadena CA 91101 ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

MARGARET O SHULER VICE PRESIDENT & SECRETARY

an address, with all other like empowered

SIGNATURE: \_/

FILED