2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004073

Title:

Name:

Address: City-St-Zip:

Entity Name: GATEWAY GP MAITLAND, INC.

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 300 NORTH LAKE AVENUE, SUITE 620 PASADENA, CA 91101 **Current Mailing Address: New Mailing Address:** 300 NORTH LAKE AVENUE, SUITE 620 PASADENA, CA 91101 FEI Number: 95-4710381 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE TALLAHASSEE, FL 32301 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SHULER, MARGARET O Name: Name: 300 NORTH LAKE AVENUE, SUITE 620 Address: Address: City-St-Zip: PASADENA, CA 91101 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MUIR, DAVID L Name: 300 NORTH LAKE AVENUE, SUITE 620 Address: Address: PASADENA, CA 91101 City-St-Zip: City-St-Zip: Title: **PCEO** Title: () Delete () Change () Addition RADEMACHER, GREGG Name: Name: 300 NORTH LAKE AVENUE, SUITE 620 Address: Address: City-St-Zip: PASADENA, CA 91101 City-St-Zip: Title: VAS () Delete Title: () Change () Addition BUEHNER, EARL W Name: Name: Address: 300 NORTH LAKE AVENUE, SUITE 620 Address: City-St-Zip: PASADENA, CA 91101 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARGARET O. SHULER VS 01/07/2009

() Delete

GOLDEN, JANICE

300 N LAKE AVE STE 620

PASADENA, CA 91101

() Change () Addition