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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39664** (0)

1. Corporation Name

GATEWAY CENTER ASSOCIATION, INC.

Principal Place of Business

**381 MANSFIELD AVENUE
STE. 500
PITTSBURGH PA 15220**

Mailing Address

**381 MANSFIELD AVENUE
STE. 500
PITTSBURGH PA 15220**

3. Date Incorporated or Qualified

08/22/1990

4. FEI Number

65-0240350

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROYCE, RAYMOND W ESQ.
4400 PGA BLVD.
STE. 800
PALM BEACH GARDENS FL 33410**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WRIGHT, THOMAS D	
STREET ADDRESS	381 MANSFIELD AVE., STE. 500	
CITY-ST-ZIP	PITTSBURGH PA 15220	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	POSNER, HENRY JR.	
STREET ADDRESS	381 MANSFIELD AVE., STE. 500	
CITY-ST-ZIP	PITTSBURGH PA 15220	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	HENSLER, JOHN F	
STREET ADDRESS	381 MANSFIELD AVE., STE. 500	
CITY-ST-ZIP	PITTSBURGH PA 15220	

TITLE	V	<input type="checkbox"/> DELETE
NAME	POLING, ROBERT C	
STREET ADDRESS	381 MANSFIELD AVE., STE. 500	
CITY-ST-ZIP	PITTSBURGH PA 15220	

TITLE	ASD	<input type="checkbox"/> DELETE
NAME	TALARICO, RICHARD W	
STREET ADDRESS	381 MANSFIELD AVE., STE. 500	
CITY-ST-ZIP	PITTSBURGH PA 15220	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WRIGHT, THOMAS D SIGNATURE REQUIRED

1/16/98

CR2E037 (10/97)