2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N39664

Entity Name: GATEWAY CENTER ASSOCIATION, INC.

Current Principal Place of Business:

381 MANSFIELD AVENUE
STE. 500
PITTSBURGH, PA 15220

New Principal Place of Business:

Current Mailing Address:

381 MANSFIELD AVENUE
STE. 500
PITTSBURGH, PA 15220

New Mailing Address:

FEI Number: 65-0240350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WRIGHT, THOMAS D
Address: 381 MANSFIELD AVE., STE. 500
City-St-Zip: PITTSBURGH, PA 15220

Title: VD ( ) Delete
Name: POSNER, HENRY JR.
Address: 381 MANSFIELD AVE., STE. 500
City-St-Zip: PITTSBURGH, PA 15220

Title: ST ( ) Delete
Name: HENSLER, JOHN F
Address: 381 MANSFIELD AVE., STE. 500
City-St-Zip: PITTSBURGH, PA 15220

Title: V ( ) Delete
Name: POLING, ROBERT C
Address: 381 MANSFIELD AVE., STE. 500
City-St-Zip: PITTSBURGH, PA 15220

Title: ASD ( ) Delete
Name: TALARICO, RICHARD W
Address: 381 MANSFIELD AVE., STE. 500
City-St-Zip: PITTSBURGH, PA 15220

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS D. WRIGHT PD 04/30/2004

Electronic Signature of Signing Officer or Director — Date