


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N39664 1. Entity Name GATEWAY CENTER ASSOCIATION, INC.	
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Principal Place of Business 381 MANSFIELD AVENUE STE. 500 PITTSBURGH, PA 15220	Mailing Address 381 MANSFIELD AVENUE STE. 500 PITTSBURGH, PA 15220
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DO NOT WRITE IN THIS SPACE



02162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0240350	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 re-registering) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U000000726309
05/04/07-80026-011 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WRIGHT, THOMAS D 381 MANSFIELD AVE., STE. 500 PITTSBURGH, PA 15220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD POSNER, HENRY JR. 381 MANSFIELD AVE., STE. 500 PITTSBURGH, PA 15220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HENSLEY, JOHN F 381 MANSFIELD AVE., STE. 500 PITTSBURGH, PA 15220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V POLING, ROBERT C 381 MANSFIELD AVE., STE. 500 PITTSBURGH, PA 15220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD TALARICO, RICHARD W 381 MANSFIELD AVE., STE. 500 PITTSBURGH, PA 15220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 617, 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07

Date

Daytime Phone