

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000000812

FILED
Apr 15, 2003
Secretary of State

Entity Name: GATEWAY FUNDING, INC.

Current Principal Place of Business:

500 OFFICE CENTER DRIVE, SUITE 325
FORT WASHINGTON, PA 19034

New Principal Place of Business:

Current Mailing Address:

500 OFFICE CENTER DRIVE, SUITE 325
FORT WASHINGTON, PA 19034

New Mailing Address:

FEI Number: 23-2769621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANTON, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: LOWRIE, REGINA M
Address: 500 OFFICE CENTER DRIVE, SUITE 325
City-St-Zip: FORT WASHINGTON, PA 19034

Title: V () Delete
Name: CANTINELLA, PAUL
Address: 500 OFFICE CENTER DRIVE, SUITE 325
City-St-Zip: FORT WASHINGTON, PA 19034

Title: T () Delete
Name: WALBRANT, DAVE
Address: 500 OFFICE CENTER DRIVE, SUITE 325
City-St-Zip: FORT WASHINGTON, PA 19034

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REGINA M. LOWRIE

PCD

04/15/2003

Electronic Signature of Signing Officer or Director

_____ Date