2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000000812

1. Entity Name
GATEWAY FUNDING, INC.

Principal Place of Business
300 WELSH ROAD
BUILDING FIVE
HORSHAM, PA 19044

Mailing Address
300 WELSH ROAD
BUILDING FIVE
HORSHAM, PA 19044

DO NOT WRITE IN THIS SPACE

03302005 No Chg-P CR2E034 (10/03)

4. FEI Number 23-2769621 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLANTON, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

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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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	LOWRIE, REGINA M
STREET ADDRESS	300 WELSH ROAD, BUILDING FIVE
CITY-ST-ZIP	HORSHAM, PA 19044
TITLE	V
NAME	CANTINELLA, PAUL
STREET ADDRESS	300 WELSH ROAD, BUILDING FIVE
CITY-ST-ZIP	HORSHAM, PA 19044
TITLE	T
NAME	WALBRANT, DAVE
STREET ADDRESS	300 WELSH ROAD, BUILDING FIVE
CITY-ST-ZIP	HORSHAM, PA 19044
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, title and like empowered.

SIGNATURE: David C Walbrant 4/8/05 215-591-0222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #