


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90009 016 \*\*\*150.00

0560-099

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P12692**

1. Corporation Name  
**PACIFIC GATEWAY PROPERTIES, INC.**

Principal Place of Business 930 MONTGOMERY STREET 4TH FLOOR SAN FRANCISCO CA 94133 US	Mailing Address 930 MONTGOMERY STREET 4TH FLOOR SAN FRANCISCO CA 94133 US
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DO NOT WRITE IN THIS SPACE

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	29
25	30

3. Date Incorporated or Qualified <b>12/29/1986</b>	Applied For Not Applicable
4. FEI Number <b>04-2816560</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINO, RAYMOND	1.2 NAME	
STREET ADDRESS	930 MONTGOMERY STREET, SUITE 400	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94133	1.4 CITY-ST-ZIP	
TITLE	DVPS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, CHRISTOPHER	2.2 NAME	
STREET ADDRESS	930 MONTGOMERY STREET, SUITE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94133	2.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	3.1 TITLE	VP/ Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPRESTI, STEPHEN	3.2 NAME	LoPresti, Stephen
STREET ADDRESS	930 MONTGOMERY STREET, SUITE 400	3.3 STREET ADDRESS	930 Montgomery Street, Ste. 400
CITY-ST-ZIP	SAN FRANCISCO CA 94133	3.4 CITY-ST-ZIP	San Francisco, CA 94133
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORN, RICHARD	4.2 NAME	Osborne, Richard
STREET ADDRESS	930 MONTGOMERY STREET, SUITE 400	4.3 STREET ADDRESS	930 Montgomery Street, Suite 400
CITY-ST-ZIP	SAN FRANCISCO CA 94133	4.4 CITY-ST-ZIP	San Francisco, CA 94133
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **3/8/99** 415 3984900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRDEN34 (1/1/98)