

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P30206** (7)

1. Corporation Name
PACIFIC GATEWAY PROPERTIES MANAGEMENT CORPORATION



Principal Place of Business: **PACIFIC GATEWAY PROPERTIES 101 SPEAR ST., SUITE 215 SAN FRANCISCO CA 94105 US**
Mailing Address: **PACIFIC GATEWAY PROPERTIES 101 SPEAR ST., SUITE 215 SAN FRANCISCO CA 94105 US**

3. Date Incorporated or Qualified: **07/17/1990**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **94-2958335**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Sub: Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Sub: Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0907 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 607.0906, Florida Statutes.

SIGNATURE

Signature of the registered agent of the corporation (to be filled in by the agent)

Date of Registration Application (to be filled in by the agent)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	C	<input checked="" type="checkbox"/> DELETE
12.2 NAME	FREEMAN, ROBERT P.	
12.3 STREET ADDRESS	101 SPEAR ST, SUITE 215	
12.4 CITY, ST, ZIP	SAN FRANCISCO CA 94105	
12.5 TITLE	V	<input type="checkbox"/> DELETE
12.6 NAME	MARINO, RAYMOND	
12.7 STREET ADDRESS	101 SPEAR ST, SUITE 215	
12.8 CITY, ST, ZIP	SAN FRANCISCO CA 94105	
12.9 TITLE	PD	<input checked="" type="checkbox"/> DELETE
12.10 NAME	SNELL, ROGER	
12.11 STREET ADDRESS	101 SPEAR ST, SUITE 215	
12.12 CITY, ST, ZIP	SAN FRANCISCO CA 94105	
12.13 TITLE	D	<input checked="" type="checkbox"/> DELETE
12.14 NAME	MARSHALL, JACOBS	
12.15 STREET ADDRESS	101 SPEAR ST, SUITE 215	
12.16 CITY, ST, ZIP	SAN FRANCISCO CA 94105	
12.17 TITLE	D	<input checked="" type="checkbox"/> DELETE
12.18 NAME	YOUNG, RODERICK	
12.19 STREET ADDRESS	101 SPEAR ST., SUITE 215	
12.20 CITY, ST, ZIP	SAN FRANCISCO CA 94105	
12.21 TITLE		<input type="checkbox"/> DELETE
12.22 NAME		
12.23 STREET ADDRESS		
12.24 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	Marino, Raymond	
13.3 STREET ADDRESS	101 Spear St., Suite 215	
13.4 CITY, ST, ZIP	San Francisco, CA 94105	
13.5 TITLE	Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.6 NAME	Watson, Christopher	
13.7 STREET ADDRESS	101 Spear St., Suite 215	
13.8 CITY, ST, ZIP	San Francisco, CA 94105	
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, ST, ZIP		
13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY, ST, ZIP		

14. I hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 upon adjustment with an address.

SIGNATURE: *R. V. Marino* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **R. V. MARINO PRES.** 1/2/96 415-428-6000 X119

CR2E034 (12/95)