

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 91308 045 ***150.00

0516143 AI

DOCUMENT # P99000004713

1. Entity Name
GATEWAY CREDIT CORPORATION

Principal Place of Business: **441 VICTORY LANE SUITE 200 SOUTH SAN FRANCISCO CA 94080**
 Mailing Address: **1000 MARINE BLVD SUITE 600 BRISBANE CA 94005**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1000 MARINA Blvd.**
 Suite, Apt. #, etc.: **Suite 600**
 City & State: **Brisbane, CA**
 Zip: **94005** Country: **San Mateo**

3. Mailing Address: **1000 Marina Blvd.**
 Suite, Apt. #, etc.: **Suite 600**
 City & State: **Brisbane, CA**
 Zip: **94005** Country: **San Mateo**

4. FEI Number: **94-3326629** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **FL** Zip Code: _____

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COHN, MARK F	
STREET ADDRESS	1000 MARINA BLVD STE 600	
CITY-ST-ZIP	BRISBANE CA 94005	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TIKKANEN, SUZANNE	
STREET ADDRESS	1000 MARINA BLVD STE 600	
CITY-ST-ZIP	BRISBANE CA 94005	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PIERSON, DANA L.	
STREET ADDRESS	1000 MARINA BLVD STE 600	
CITY-ST-ZIP	BRISBANE CA 94005	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dean Antonis	
STREET ADDRESS	1000 Marina Blvd., Suite 600	
CITY-ST-ZIP	Brisbane, CA 94005	
TITLE	Vice President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patrick Sadhu	
STREET ADDRESS	1000 Marina Blvd., Suite 600	
CITY-ST-ZIP	Brisbane, CA 94005	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Divina Viray	
STREET ADDRESS	1000 Marina Blvd., Suite 600	
CITY-ST-ZIP	Brisbane, CA 94005	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Vaughn	
STREET ADDRESS	1000 Marina Blvd., Suite 600	
CITY-ST-ZIP	Brisbane, CA 94005	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Divina Viray **SIGNATURE REQUIRED** Divina Viray, Secretary (650)869-3974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)