
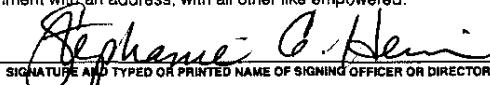


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90021 050 ***150.00

DOCUMENT # F02000002882					
1. Entity Name GATEWAY COMPUTERS, INC.					
Principal Place of Business 14303 GATEWAY PLACE POWAY, CA 92064			Mailing Address 610 GATEWAY PLACE TAX DEPARTMENT Y-15 NORTH SIOUX CITY, SD 57049		
2. Principal Place of Business 610 Gateway Drive			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State North Sioux City, SD			City & State		
Zip 57049		Country USA		4. FEI Number 42-1249184	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PCD	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	WAITT, THEODORE W		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	14303 GATEWAY PLACE		NAME		
CITY-ST-ZIP	POWAY, CA 92064		STREET ADDRESS		
TITLE	AS	<input type="checkbox"/> Delete	CITY-ST-ZIP		
NAME	HEIM, STEPHANIE G		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	14303 GATEWAY PLACE		NAME		
CITY-ST-ZIP	POWAY, CA 92064		STREET ADDRESS		
TITLE	VP	<input type="checkbox"/> Delete	CITY-ST-ZIP		
NAME	SHERWOOD, RODERICK M III		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	14303 GATEWAY PLACE		NAME		
CITY-ST-ZIP	POWAY, CA 92064		STREET ADDRESS		
TITLE	VCTO	<input type="checkbox"/> Delete	CITY-ST-ZIP		
NAME	BURNETT, ROBERT J		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	610 GATEWAY DRIVE		NAME		
CITY-ST-ZIP	NORTH SIOUX CITY, SD 57049		STREET ADDRESS		
TITLE	VS	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP		
NAME	CHAUDHRI, JAVADE		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	14303 GATEWAY PLACE		NAME		
CITY-ST-ZIP	POWAY, CA 92064		STREET ADDRESS		
TITLE	V	<input type="checkbox"/> Delete	CITY-ST-ZIP		
NAME	HAMMOND, MICHAEL D		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	610 GATEWAY DRIVE		NAME		
CITY-ST-ZIP	NORTH SIOUX CITY, SD 57049		STREET ADDRESS		
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, with all other like empowered.					
SIGNATURE: 			605/232-2000 X26706		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		