

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90260 014 ***150.00

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1. Entity Name
GATEWAY COMPUTERS, INC.



Principal Place of Business
**610 GATEWAY DRIVE
NORTH SIOUX CITY, SD 57049**

Mailing Address
**610 GATEWAY PLACE
TAX DEPARTMENT Y-15
NORTH SIOUX CITY, SD 57049**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252008 Chg-P CR2E034 (12/06)

4. FEI Number
42-1249184

Applied For
Not Applicable

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

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

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WEST, NEAL
7565 IRVINE CENTER DR
IRVINE, CA 92618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GOLDSBERRY, JOHN
7565 IRVINE CENTER DR
IRVINE, CA 92618** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CALLE, CRAIG
7565 IRVINE CENTER DR
IRVINE, CA 92618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DICKEY, MARK
610 GATEWAY DR
NORTH SIOUX CITY, SD 57049** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President and Treasurer ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Sr. Vice President
Robert V. Davidson
7565 Irvine Center Dr
Irvine, CA 92618** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Gianfranco Lanci
7565 Irvine Center Dr
Irvine, CA 92618** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Rudolf Schmidleithner
7565 Irvine Center Dr
Irvine, CA 92618** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
J.T. Wang
7565 Irvine Center Dr
Irvine, CA 92618** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/08 605-232-2000

Date

Daytime Phone #