

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003207

FILED
Mar 20, 2004
Secretary of State

Entity Name: GATEWAY CAPITAL MANAGEMENT, INC.

Current Principal Place of Business:

20 S. CENTRAL AVENUE, SUITE 106
ST. LOUIS, MO 63105

New Principal Place of Business:

Current Mailing Address:

20 S. CENTRAL AVENUE, SUITE 106
ST. LOUIS, MO 63105

New Mailing Address:

FEI Number: 43-1922942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA & OFFSHORE BUSINESS FORMATION, INC
20 S. BROAD STREET
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCT () Delete
Name: HOLDEN, WILLIAM F
Address: 7 N. COVINGTON MEADOW ROAD
City-St-Zip: ST. LOUIS, MO 63132

Title: SVC () Delete
Name: HOLDEN, SUSAN C
Address: 7 N. COVINGTON MEADOW ROAD
City-St-Zip: ST. LOUIS, MO 63132

Title: D () Delete
Name: COX, WAYNE B
Address: 10 CELEST COURT
City-St-Zip: BELLEVILLE, IL 62223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCT (X) Change () Addition
Name: HOLDEN, WILLIAM F
Address: 5 N. COVINGTON MEADOW ROAD
City-St-Zip: ST. LOUIS, MO 63132

Title: SVC (X) Change () Addition
Name: HOLDEN, SUSAN C
Address: 5 N. COVINGTON MEADOW ROAD
City-St-Zip: ST. LOUIS, MO 63132

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F. HOLDEN

PCT

03/20/2004

Electronic Signature of Signing Officer or Director

_____ Date