

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004926

Entity Name: GATEWAY DIRECT, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

610 GATEWAY DRIVE
NORTH SIOUX CITY, SD 57049

New Principal Place of Business:

Current Mailing Address:

610 GATEWAY DRIVE
NORTH SIOUX CITY, SD 57049

New Mailing Address:

FEI Number: 91-1863286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: VP () Delete
Name: WEST, NEAL E
Address: 7565 IRVINE CENTER DRIVE
City-St-Zip: IRVINE, CA 92618

Title: S () Delete
Name: CALL, GREG
Address: 7565 IRVINE CENTER DRIVE
City-St-Zip: IRVINE, CA 92618

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: THOMAS, C. TEIGUE
Address: 7565 IRVINE CENTER DRIVE
City-St-Zip: IRVINE, CA 92618

Title: SEC (X) Change () Addition
Name: BARRY, MICHAEL
Address: 7565 IRVINE CENTER DRIVE
City-St-Zip: IRVINE, CA 92618

Title: TREA () Change (X) Addition
Name: KING, JOHN
Address: 7565 IRVINE CENTER DR
City-St-Zip: IRVINE, CA 92618

Title: DIR () Change (X) Addition
Name: KING, JOHN
Address: 7565 IRVINE CENTER DR
City-St-Zip: IRVINE, CA 92618

Title: DIR () Change (X) Addition
Name: THOMAS, C. TEIGUE
Address: 7565 IRVINE CENTER DR
City-St-Zip: IRVINE, CA 92618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN KING

Electronic Signature of Signing Officer or Director

TREA

04/23/2009

Date