
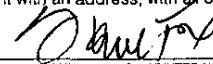


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-09-2004 90021 049 ***150.00

DOCUMENT # F96000003192					
1. Entity Name GATEWAY COMPANIES, INC.					
Principal Place of Business 610 GATEWAY DRIVE NORTH SIOUX CITY, SD 57049			Mailing Address 610 GATEWAY DRIVE TAX DEPT Y-15 N. SIOUX CITY, SD 57049-3199		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 46-0431398	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, DAVID G		NAME	T. Scott Edwards	
STREET ADDRESS	14303 GATEWAY PLACE		STREET ADDRESS	14303 Gateway Place	
CITY-ST-ZIP	POWAY, CA 92064		CITY-ST-ZIP	Poway, CA 92064	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAUDHRI, JAVADE		NAME		
STREET ADDRESS	14303 GATEWAY PLACE		STREET ADDRESS		
CITY-ST-ZIP	POWAY, CA 92064		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARVEY, RANDALL D		NAME	Steven A. Fox	
STREET ADDRESS	610 GATEWAY DR.		STREET ADDRESS	610 Gateway Drive,	
CITY-ST-ZIP	N. SIOUX CITY, SD 57049		CITY-ST-ZIP	N. Sioux City, SD	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELM, STEPHANIE		NAME		
STREET ADDRESS	14303 GATEWAY PLACE		STREET ADDRESS		
CITY-ST-ZIP	POWAY, CA 92064		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, STEVEN A		NAME		
STREET ADDRESS	610 GATEWAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NORTH SIOUX CITY, SD 57049		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  Steve Fox Asst. Treasurer			X26706 1/24/2004 605/232-2000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		