

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006312

FILED  
May 12, 2010  
Secretary of State

**Entity Name:** GATEWAY SOFTWARE CORPORATION

**Current Principal Place of Business:**

10 S. MONTANA AVE.  
FROMBERG, MT 59029

**New Principal Place of Business:**

205 S. WASHINGTON  
LAUREL, MT 59044

**Current Mailing Address:**

P O BOX 367  
FROMBERG, MT 59029

**New Mailing Address:**

P.O. BOX 1148  
LAUREL, MT 59044

**FEI Number:** 81-0455133

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHN D. HATCH, P.C.  
1267 BERKSHIRE LANE  
TARPON SPRINGS, FL 34688 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: NEU, CLYDE A  
Address: 2650 TANBARK WAY  
City-St-Zip: MISSOULA, MT 59808

Title: S  
Name: LAWLER, FAYE L  
Address: 205 S. WASHINGTON  
City-St-Zip: LAUREL, MT 59044

Title: VDC  
Name: NEU, CLYDE  
Address: 2650 TANBARK WAY  
City-St-Zip: MISSOULA, MT 59808

Title: D  
Name: OTTO, FRAN  
Address: 5675 ROSEWOOD LANE  
City-St-Zip: PLYMOUTH, MN 55442

I hereby 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 all other like empowered.

SIGNATURE: FAYE LAWLER

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05/12/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date