

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**


05-06-2003 90054 035 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

00114004

**DOCUMENT # F97000006312**

1. Entity Name  
**GATEWAY SOFTWARE CORPORATION**



Principal Place of Business  
 10 S. MONTANA AVE.  
 FROMBERG, MT 59029

Mailing Address  
 10 S. MONTANA AVE.  
 FROMBERG, MT 59029

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**81-0455133**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HATCH, JOHN D ESQ.**  
**840 S.E. 5TH STREET**  
**OCALA, FL 34471**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!!! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

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	PTD BROWN, RICHARD A 10 S MONTANA AVE FROMBERG, MT 59029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, SUSAN L 10 S MONTANA AVE FROMBERG, MT 59029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDC NEU, CLYDE 5756 PROSPECT DR MISSOULA, MT 59808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

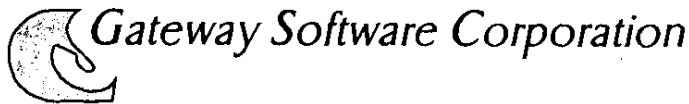
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Susan L. Wright* Susan L. Wright **4/11/03** **406-668-7661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

80114864  
F97000006312



April 29, 2003

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find Check #5281 in the amount of \$150.00 as payment for fees associated with the filing of the Florida Uniform Business Report.

Because of the economic conditions, we have had to reduce our staff recently. As our controller was one of those we had to let go, others have had to assume her duties. We have been sorting through the various requirements for doing business in each state and trying to comply in as timely a manner as possible. Additionally, we have been in the process of changing our financial software. During this transition we know we have become delinquent in submitting some reports and tax payments. Under these circumstances, we are asking for leniency at this time by seeking to have the late filing fee of \$400.00 waived.

Your consideration and approval in granting this request are greatly appreciated. Thank you.

Sincerely,

A handwritten signature in cursive script that reads 'Sue Wright'.

Sue Wright  
Corporate Secretary

Enclosures

