## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000000071

Entity Name: MAINGATE, INC.

FILED Mar 17, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1175 WESTERN DR INDIANAPOLIS, IN 46241					
Current Mailing Address:			New Mailing Address:		
1175 WESTERN DR INDIANAPOLIS, IN 46241					
FEI Number:	95-2499747	FEI Number Applied For ( ) FEI Num	nber Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US					
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:					
	Electroni	c Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS: ADDITIONS				S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MOROKNEK, DA 1175 WESTERN INDIANAPOLIS,	I DR IN 46241	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () HIRSCHAUER, T 11056 DITCH RO CARMEL, IN 46	DAD	Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition LYNCH, BRUCE K 1175 WESTERN DR INDIANAPOLIS, IN 46241	
Title: Name: Address: City-St-Zip:	TSD () ROBERTS, REG 1175 WESTERN INDIANAPOLIS,	I DR	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition ROBERTS, REGAN A 1175 WESTERN DR INDIANAPOLIS, IN 46241	
Title: Name: Address: City-St-Zip:	OD () HORNETT, JOSI 1175 WESTERN INDIANAPOLIS,	EPH B I DR	Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition WALLISER, NED A 1175 WESTERN DR INDIANAPOLIS, IN 46241	
Title: Name: Address: City-St-Zip:	D () SCHELLINGER, 1175 WESTERN INDIANAPOLIS,	I DR	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition SEEVERS, DAVID P 1175 WESTERN DR INDIANAPOLIS, IN 46241	
Title: Name: Address: City-St-Zip:	DC (X) WILSON, RAND 1175 WESTERN INDIANAPOLIS,	I DR	Title: Name: Address: City-St-Zip:	()Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: REGAN A ROBERTS T 03/17/2006