

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000005574

1. Entity Name
GATEWAY LOCKWOOD, INC.



Principal Place of Business
300 NORTH LAKE AVENUE, STE 620
PASADENA, CA 91101-4109

Mailing Address
300 NORTH LAKE AVENUE, STE 620
PASADENA, CA 91101-4109



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4683472

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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
PCTD
RICHTER, MARSHA D
300 NORTH LAKE AVE, STE. 620
PASADENA, CA 91101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
RADEMACHER, GREGG
300 NORTH LAKE AVE., STE. 620
PASADENA, CA 91101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MUIR, DAVID L
300 NORTH LAKE AVE., STE. 620
PASADENA, CA 91101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
SHULER, MARGARET O
300 NORTH LAKE AVE., SUITE 620
PASADENA, CA 91101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAST
BUEHNER, EARL W
300 NORTH LAKE AVE., STE. 620
PASADENA, CA 91101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000217267
02/07/05-80019-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET O SHULER
VICE PRESIDENT & SECRETARY

Date

Daytime Phone #