

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000005574 1. Entity Name GATEWAY LOCKWOOD, INC.	
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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
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01092006 No Chg-P CR2E034 (11/05)

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
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**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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

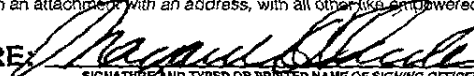
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

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	

UD00000387768
01/19/06-B0050-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  MARGARET O SHULER
VICE PRESIDENT & SECRETARY 1/12/06 504-2343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #