

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005574

Entity Name: GATEWAY LOCKWOOD, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

300 NORTH LAKE AVENUE, STE 620
PASADENA, CA 911014109

New Principal Place of Business:

Current Mailing Address:

300 NORTH LAKE AVENUE, STE 620
PASADENA, CA 911014109

New Mailing Address:

FEI Number: 95-4683472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCTD () Delete
Name: RADEMACHER, GREGG
Address: 300 NORTH LAKE AVE., STE. 620
City-St-Zip: PASADENA, CA 91101

Title: V () Delete
Name: MUIR, DAVID L
Address: 300 NORTH LAKE AVE., STE. 620
City-St-Zip: PASADENA, CA 91101

Title: VS () Delete
Name: SHULER, MARGARET O
Address: 300 NORTH LAKE AVE., SUITE 620
City-St-Zip: PASADENA, CA 91101

Title: VAST () Delete
Name: BUEHNER, EARL W
Address: 300 NORTH LAKE AVE., STE. 620
City-St-Zip: PASADENA, CA 91101

Title: V () Delete
Name: GOLDEN, JANICE
Address: 300 N LAKE AVE STE 620
City-St-Zip: PASADENA, CA 91101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARGARET O. SHULER

VS

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date