

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90282 030 \*\*\*\*50.00

**DOCUMENT # M02000002756**



1. Entity Name  
**GATEWAY PC LLC**

Principal Place of Business  
**610 GATEWAY DRIVE  
NORTH SIOUX CITY, SD 57049**

Mailing Address  
**14303 GATEWAY PLACE  
TAX DEPT Y-15  
POWAY, CA 92064**

2. Principal Place of Business

3. Mailing Address  
**610 Gateway Drive**



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282005 Chg-LLC CR2E083 (10/03)

City & State

City & State  
**North Sioux City, SD 57049**

4. FEI Number

**55-0794985**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME FOX, STEVEN A  
STREET ADDRESS 610 GATEWAY DRIVE  
CITY-ST-ZIP NORTH SIOUX CITY, SD 57049

TITLE MGR ☒ Delete  
NAME PACE, JEFFREY A  
STREET ADDRESS 14303 GATEWAY PLACE  
CITY-ST-ZIP POWAY, CA 92064

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Mgr ☐ Change ☒ Addition  
NAME Roderick M. Sherwood III  
STREET ADDRESS 9565 Irvine Center Drive  
CITY-ST-ZIP Irvine, CA 92618

TITLE Mgr ☐ Change ☒ Addition  
NAME Hanif Jamal  
STREET ADDRESS 9565 Irvine Center Drive  
CITY-ST-ZIP Irvine, CA 92618

TITLE Mgr ☐ Change ☒ Addition  
NAME Robert M Saman  
STREET ADDRESS 9565 Irvine Center Drive  
CITY-ST-ZIP Irvine, CA 92618

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Steven A. Fox*

Steven A. Fox

3-30-05

605/232-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

X26706