


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90191 008 ***150.00


DOCUMENT # 854414
 1. Entity Name
 CSI LEASING, INC.



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| Principal Place of Business 9990 OLD OLIVE STREET ROAD SUITE 101 SAINT LOUIS, MO 63141 US | Mailing Address 9990 OLD OLIVE STREET ROAD SUITE 101 SAINT LOUIS, MO 63141 US |
|--|--|

DO NOT WRITE IN THIS SPACE

40000000



03272007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 73-0982450 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 | C STEINBACK, KENNETH B 18589 FRONTENAC WOODS LN SAINT LOUIS, MO 63131 <i>189 Regatta Jupiter, FL 33477</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCOO GILLULA, E. WILLIAM 2 OAK BEND DRIVE SAINT LOUIS, MO 63124 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EV HAMILTON, STEPHEN G. 3947 HOFFMAN ROAD WENTZVILLE, MO 63385 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CHERRICK, LORRAINE S 47 BRIARCLIFF SAINT LOUIS, MO 63124 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AVP BUSHUR, TED 803 OAK AVENUE VALLEY PARK, MO 63088 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lorraine S. Cherrick*, Lorraine S. Cherrick (314)997-7010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 4/17/07