2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 AM
Secretary of State

DOCUMENT# F00000002571

Entity Name: CSA AMERICA, INC.

Current Principal Place of Business:

8501 EAST PLEASANT VALLEY ROAD
CLEVELAND, OH 441315575

New Principal Place of Business:

Current Mailing Address:

8501 EAST PLEASANT VALLEY ROAD
CLEVELAND, OH 441315575

New Mailing Address:

FEI Number: 34-1738465 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VSTD ( ) Delete
Name: LUECKE, RANDALL W CPA
Address: 8501 EAST PLEASANT VALLEY ROAD
City-St-Zip: CLEVELAND, OH 441315575

Title: V ( ) Delete
Name: GRIECO, SPENCER P
Address: 8501 EAST PLEASANT VALLEY ROAD
City-St-Zip: CLEVELAND, OH 441315575

Title: CD ( ) Delete
Name: GRIFFIN, ROBERT M
Address: 178 REXDALE BOULEVARD
City-St-Zip: ETOBICOKE, ONT., CANADA,

Title: D ( ) Delete
Name: FALCONI, R J
Address: 178 REXDALE BOULEVARD
City-St-Zip: ETOBICOKE, ONT., CANADA,

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M GRIFFIN CD 05/30/2002

Electronic Signature of Signing Officer or Director — Date