2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90733 001 ***122.50

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1. Entity Name
CSA AMERICA, INC.

Principal Place of Business	Mailing Address
8501 EAST PLEASANT VALLEY ROAD CLEVELAND, OH 44131-5575	8501 EAST PLEASANT VALLEY ROAD CLEVELAND, OH 44131-5575

01142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
34-1738465
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	VSTD
NAME	LUECKE, RANDALL W CPA
STREET ADDRESS	8501 EAST PLEASANT VALLEY ROAD
CITY-ST-ZIP	CLEVELAND, OH 441315575
TITLE	CD
NAME	GRIFFIN, ROBERT M
STREET ADDRESS	178 REXDALE BOULEVARD
CITY-ST-ZIP	ETOBICOKE, ONT., CANADA,
TITLE	D
NAME	FALCONI, R J
STREET ADDRESS	178 REXDALE BOULEVARD
CITY-ST-ZIP	ETOBICOKE, ONT., CANADA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Randall W. Luecke March 23, 2005 (216) 524-4990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Randall W. Luecke