

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90733 001 ***122.50

DOCUMENT # F00000002571	
1. Entity Name CSA AMERICA, INC.	

Principal Place of Business 8501 EAST PLEASANT VALLEY ROAD CLEVELAND, OH 44131-5575	Mailing Address 8501 EAST PLEASANT VALLEY ROAD CLEVELAND, OH 44131-5575
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DO NOT WRITE IN THIS SPACE



01142005 No Chg-NP CR2E037 (10/03)

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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**DO NOT WRITE
IN THIS SPACE**

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.

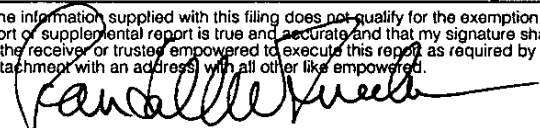
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD. LUECKE, RANDALL W CPA 8501 EAST PLEASANT VALLEY ROAD CLEVELAND, OH 441315575
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GRIFFIN, ROBERT M 178 REXDALE BOULEVARD ETOBICOKE, ONT., CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALCONI, R J 178 REXDALE BOULEVARD ETOBICOKE, ONT., CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

Randall W. Luecke