

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90334 047 ***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**

50010628



02212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1738465	Applied For <input type="checkbox"/> 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**

**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

**Filing Fee is \$61.25
Due by May 1, 2006**

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	

**DO NOT WRITE
IN THIS SPACE**

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(216) 524-4990
Daytime Phone #

Randall W. Luecke