

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002571

FILED  
Apr 28, 2009  
Secretary of State

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: 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RJ FALCONI

DIR

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date