2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 22, 2008
Secretary of State

DOCUMENT# P94000074322

Entity Name: THE CSI COMPANIES, INC.

Current Principal Place of Business:

9995 NORTH GATE PARKWAY
SUITE 100
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

9995 NORTH GATE PARKWAY
SUITE 100
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 59-3270426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONTEGA BUSINESS SERVICES, LLC
554 LOMAX STREET
JACKSONVILLE, FL 32204 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: DPS ( ) Delete
Name: STEVENS, MICHAEL ERIC
Address: 9995 GATE PARKWAY NORTH, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: HALL, DEANE
Address: 9995 GATE PARKWAY NORTH, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32246

Title: V ( ) Delete
Name: THOLE, ROBERT M
Address: 9995 GATE PARKWAY NORTH, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32246

Title: T ( ) Delete
Name: SANSON, RAPHAEL
Address: 9995 GATE PARKWAY NORTH, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32246

Title: P ( ) Delete
Name: FLAKUS, CHRIS
Address: 9995 GATE PARKWAY NORTH, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: THOLE, ROBERT M
Address: 9995 GATE PARKWAY NORTH, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32246

Title: TCFO (X) Change ( ) Addition
Name: SANSON, RAPHAEL
Address: 9995 GATE PARKWAY NORTH, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP (X) Change ( ) Addition
Name: COOK, JENNY
Address: 9995 GATE PARKWAY NORTH, SUITE 100
City-St-Zip: JACKSONVILLE, FL 32246

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAPHAEL SANSON TCFO 09/22/2008

Electronic Signature of Signing Officer or Director Date