

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000074322

Entity Name: THE CSI COMPANIES, INC.**Current Principal Place of Business:**9995 NORTH GATE PARKWAY
SUITE 100
JACKSONVILLE, FL 32246**Current Mailing Address:**9995 NORTH GATE PARKWAY
SUITE 100
JACKSONVILLE, FL 32246 US**FEI Number: 59-3270426****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONTEGA BUSINESS SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US*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**Officer/Director Detail :**

Title	DIRECTOR, CHAIRMAN
Name	MOTOHARA, HITOSHI
Address	9995 NORTH GATE PARKWAY, SUITE 100
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR, CEO, SECRETARY
Name	SANSON, RAPHAEL
Address	9995 NORTH GATE PARKWAY, SUITE 100
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR, TREASURER
Name	NISHIMURA, TAKASHI
Address	9995 NORTH GATE PARKWAY, SUITE 100
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR, CFO
Name	MAKITA, SHUNICHI
Address	9995 NORTH GATE PARKWAY, SUITE 100
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	HIRABAYASHI, YOSHIKI
Address	9995 NORTH GATE PARKWAY, SUITE 100
City-State-Zip:	JACKSONVILLE FL 32246

I hereby 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 all other like empowered.

SIGNATURE: SHUNICHI MAKITA**CFO****03/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date