

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90192 020 \*\*\*150.00



**DOCUMENT # 854414**  
 1. Entity Name  
**CSI LEASING, INC.**

Principal Place of Business      Mailing Address  
 9990 OLD OLIVE STREET ROAD      9990 OLD OLIVE STREET ROAD  
 SUITE 101      SUITE 101  
 SAINT LOUIS MO 63141      SAINT LOUIS MO 63141  
 US      US



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**73-0982450**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

1st MOORE      CR2E034 (10/05)

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees  
 Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>STEINBACK, KENNETH B</b> <b>10589 FRONTENAC WOODS LN</b> <b>SAINT LOUIS MO 63131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>SMITH, ALBERT</b> <b>9465 E CHARTER OAK DRIVE</b> <b>SCOTTSDALE AZ 85260</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCOO</b> <b>GILLULA, E. WILLIAM</b> <b>2 OAK BEND DRIVE</b> <b>SAINT LOUIS MO 63124</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV</b> <b>HAMILTON, STEPHEN G.</b> <b>3947 HOFFMAN ROAD</b> <b>WENTZVILLE MO 63385</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CHERRICK, LORRAINE S</b> <b>47 BRIARCLIFF</b> <b>SAINT LOUIS MO 63124</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP</b> <b>BUSHUR, TED</b> <b>803 OAK AVENUE</b> <b>VALLEY PARK MO 63088</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:** *Lorraine S. Cherrick*      **Lorraine S. Cherrick**      4/15/06 (314) 997-7010  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #