

# 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

9990 OLD OLIVE STREET ROAD  
SUITE 101  
SAINT LOUIS MO 63141  
US

Mailing Address

9990 OLD OLIVE STREET ROAD  
SUITE 101  
SAINT LOUIS MO 63141  
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

73-0982450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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* 4/15/06 (314) 997-7010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #