

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90191 008 ***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

DO NOT WRITE IN THIS SPACE



03272007 No Chg-P CR2E034 (11/05)

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	STEINBACK, KENNETH B
STREET ADDRESS	10509 FRONTENAC WOODS LN 189 Regatta
CITY-ST-ZIP	SAINT LOUIS, MO 63131 Jupiter, FL 33477
TITLE	PCOO
NAME	GILLULA, E. WILLIAM
STREET ADDRESS	2 OAK BEND DRIVE
CITY-ST-ZIP	SAINT LOUIS, MO 63124
TITLE	EV
NAME	HAMILTON, STEPHEN G.
STREET ADDRESS	3947 HOFFMAN ROAD
CITY-ST-ZIP	WENTZVILLE, MO 63385
TITLE	S
NAME	CHERRICK, LORRAINE S
STREET ADDRESS	47 BRIARCLIFF
CITY-ST-ZIP	SAINT LOUIS, MO 63124
TITLE	AVP
NAME	BUSHUR, TED
STREET ADDRESS	803 OAK AVENUE
CITY-ST-ZIP	VALLEY PARK, MO 63088
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

Date

Daytime Phone #

(314)997-7010