2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #854414

1. Entity Name CSI LEASING, INC.



Principal Place of Business

9990 OLD OLIVE STREET ROAD SUITE 101

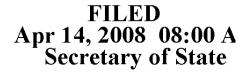
SAINT LOUIS, MO 63141 US

Mailing Address

9990 OLD OLIVE STREET ROAD

SUITE 101

SAINT LOUIS, MO 63141 US





04092008

No Chg-P

CR2E034 (11/05)

4. FEI Number			Applied For
73-0982450			Not Applicable
5 Certificate of Status Desired	П	\$8.75	Additional

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000894231 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees '24/08-80019-022 **150.**00 10. OFFICERS AND DIRECTORS TITLE NAME STEINBACK, KENNETH B STREET ADDRESS 189 REGATTA CITY-ST-ZIP JUPITER, FL 33477 PC00 TITLE NAME GILLULA, E. WILLIAM STREET ADDRESS 2 OAK BEND DRIVE CITY-ST-ZIP SAINT LOUIS, MO 63124 F۷ TITLE NAME HAMILTON, STEPHEN G. 3947 HOFFMAN ROAD STREET ANDRESS DO NOT WRITE CITY-ST-ZIP WENTZVILLE, MO 63385 IN THIS SPACE TITLE CHERRICK, LORRAINE S STREET ADDRESS 47 BRIARCLIFF CITY-ST-ZIP SAINT LOUIS, MO 63124 AVP TITLE BUSHUR, TED NAME STREET ADDRESS **803 OAK AVENUE** CITY+ST-ZIP VALLEY PARK, MO 63088 TITLE 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 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:

Lour

I Chemi Choragene S. Chorack

314-997-7010

Daytime Phone #