


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # 854414 1. Entity Name CSI LEASING, INC.	
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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
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04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-0982450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000894231 04/24/08-80019-022 150.00
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10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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* **LORRAINE S. Cherrick** **314-997-7010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #