

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854414

Entity Name: CSI LEASING, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

9990 OLD OLIVE STREET ROAD
SUITE 101
SAINT LOUIS, MO 631415904 US

New Mailing Address:

9990 OLD OLIVE STREET ROAD
SUITE 101
SAINT LOUIS, MO 631415904 US

FEI Number: 73-0982450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: STEINBACK, KENNETH B
Address: 189 REGATTA
City-St-Zip: JUPITER, FL 33477

Title: PCOO () Delete
Name: GILLULA, E. WILLIAM
Address: 2 OAK BEND DRIVE
City-St-Zip: SAINT LOUIS, MO 63124

Title: EV () Delete
Name: HAMILTON, STEPHEN G.
Address: 3947 HOFFMAN ROAD
City-St-Zip: WENTZVILLE, MO 63385

Title: S () Delete
Name: CHERRICK, LORRAINE S
Address: 47 BRIARCLIFF
City-St-Zip: SAINT LOUIS, MO 63124

Title: AVP () Delete
Name: BUSHUR, TED
Address: 803 OAK AVENUE
City-St-Zip: VALLEY PARK, MO 63088

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change () Addition
Name: GILLULA, E. WILLIAM
Address: 2 OAK BEND DRIVE
City-St-Zip: SAINT LOUIS, MO 63124

Title: PCOO (X) Change () Addition
Name: HAMILTON, STEPHEN G.
Address: 3947 HOFFMAN ROAD
City-St-Zip: WENTZVILLE, MO 63385

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE S CHERRICK

S

04/14/2009

Electronic Signature of Signing Officer or Director

Date