# 2003 UNIFORM BUSINESS REPORT (UBR)

### DOCUMENT# F01000004183

Entity Name: CUSTOMER SERVICE ASSOCIATES, INC.

Jan 23, 2003 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
4509 WOODLAND RD LAKE ST LOUIS, MO 63:	367			
Current Mailing Address:		New Mailing Address:		
609 SW DERBY DRIVE LEES SUMMIT, MO 6408	31			
FEI Number: 43-1814215	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 3230	01 US			
The above named entity s in the State of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electron	ic Signature of Registered Age	nt	Date	

## Election Campaign Financing Trust Fund Contribution ( ).

### **OFFICERS AND DIRECTORS:**

Name:

#### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition READ, JODY READ, JODY Name: Name: 4509 WOODLAND RD Address: 4509 WOODLAND RD Address: City-St-Zip: LAKE ST LOUIS, MO City-St-Zip: LAKE ST LOUIS, MO 63367

( ) Delete Title: Title: (X) Change ( ) Addition SHIVELY, WILLIAM SHIVELY, WILLIAM Name: Name:

Address: 445 AUTUMN LAKE TRAIL Address: 8441 PFLUMM CIRCLE LENEXA, KS 66215 FRANKLIN, TN City-St-Zip: City-St-Zip:

Title: Title: ( ) Delete (X) Change ( ) Addition Name: SHIVEY, BRENDA Name: SHIVELY, BRENDA

445 AUTUMN LAKE TRAIL Address: 8441 PFLUMM CIRCLE Address: City-St-Zip: FRANKLIN, TN City-St-Zip: LENEXA, KS 66215

Title: () Delete Title: (X) Change ( ) Addition

MENGES, JIM MENGES, JIM Name: Address: 923 NE WOODS CHAPEL RD #381 Address: 609 SW DERBY DRIVE City-St-Zip: LEE'S SUMMIT, MO City-St-Zip: LEE'S SUMMIT, MO 64081

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JIM MENGES 01/23/2003 Τ