

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003976

FILED
Jan 04, 2008
Secretary of State

Entity Name: CSDI CONSTRUCTION, INCORPORATED

Current Principal Place of Business:

6353 SUPPLY WAY
BOISE, ID 83716

New Principal Place of Business:

Current Mailing Address:

6353 SUPPLY WAY
BOISE, ID 83716

New Mailing Address:

FEI Number: 82-0438912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: PD () Delete
Name: FELDMANN, ROBERT
Address: 5509 ROYAL PARK AVENUE
City-St-Zip: BOISE, ID 83713

Title: V () Delete
Name: LANGAN, JEFFREY
Address: PO BOX 1824
City-St-Zip: BOISE, ID 83701

Title: D () Delete
Name: SHNEIDER, JEFFREY A
Address: 922 E CURLING LANE
City-St-Zip: BOISE, ID 83702

Title: D () Delete
Name: QUINTIERI, ALLEN E
Address: 11060 BARDEN TOWER DR
City-St-Zip: BOISE, ID 83709

Title: D () Delete
Name: SHAFFER, GENE W
Address: 2715 POLK
City-St-Zip: CALDWELL, ID 83605

Title: T () Delete
Name: VANHOUTEN, CARRIE J
Address: 10780 W EXCALIBUR
City-St-Zip: BOISE, ID 83713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SHNEIDER, JEFFREY A
Address: 922 E CURLING LANE
City-St-Zip: BOISE, ID 83702

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

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: ROBERT FELDMANN

PD

01/04/2008

Electronic Signature of Signing Officer or Director

_____ Date