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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005032 (6)

1. Corporation Name

CSI CAPITAL MANAGEMENT, INC.



Principal Place of Business

Mailing Address

ONE MONTGOMERY ST., STE. 2525
SAN FRANCISCO CA 94104

ONE MONTGOMERY ST., STE. 2525
SAN FRANCISCO CA 94104-5525

3. Date Incorporated or Qualified

10/17/1995

3a. Date of Last Report

02/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

94-2532078

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BANKS, CHARLES A IV
450 ROYAL PALM WAY, SUITE 502
PALM BEACH FL 33480

81 Name Richard W. Mercer

82 Street Address (P.O. Box Number is Not Acceptable)

6118 Barbara St.

83

84 City Palm Beach Gardens FL 85 Zip Code 33418

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

4/17/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPST
NAME FAUST, LELAND H
STREET ADDRESS ONE MONTGOMERY ST., STE. 2525
CITY-ST-ZIP SAN FRANCISCO CA 94104 ☐ DELETE

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D
NAME FAUST, SUSAN W
STREET ADDRESS ONE MONTGOMERY ST., STE. 2525
CITY-ST-ZIP SAN FRANCISCO CA 94104 ☐ DELETE

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE V
NAME BANKS, CHARLES A IV
STREET ADDRESS 450 ROYAL PALM WAY, SUITE 502
CITY-ST-ZIP PALM BEACH FL 33480 ☐ DELETE

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ~~GEO~~
NAME ~~MCDERMOTT, JOHN R~~
STREET ADDRESS ~~ONE MONTGOMERY ST., STE. 2525~~
CITY-ST-ZIP ~~SAN FRANCISCO CA 94104~~ ☒ DELETE

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an Attachment with an address.

SIGNATURE:

CR2E034 (9/96)