

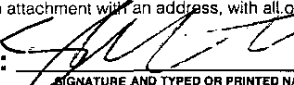


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90012 039 ***150.00

| | | | | | |
|---|--|---|---|---|---|
| DOCUMENT # F96000006592 1. Entity Name CSI SERVICES, INC. | | | |  | |
| Principal Place of Business 835 INNOVATION DRIVE KNOXVILLE, TN 37932 | | | Mailing Address 12001 TECHNOLOGY DR ATTN: TAX DEPT EDEN PRAIRIE, MN 55344 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | <div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">94039812</div>  <div style="display: flex; justify-content: space-around; font-weight: bold;"> 03102004 Chg-P CR2E034 (10/03) </div> | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 62-1651370 | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOP DUNBAR, DAVID A 835 INNOVATION DRIVE KNOXVILLE, TN 37932 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT WILSON, VALERIE 835 INNOVATION DRIVE KNOXVILLE, TN 37932 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS DIGIOVANNI, AUGUSTINE 835 INNOVATION DRIVE KNOXVILLE, TN 37932 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS SMITH, HARLEY M 8000 W. FLORISSANT AVE. SAINT LOUIS, MO 63136 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASST. SECRETARY STEVEN CHELESNIK 12001 TECHNOLOGY DRIVE EDEN PRAIRIE, MN 55344 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAT MOON, DAVID C 8000 W. FLORISSANT AVE. SAINT LOUIS, MO 63136 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT RABE, DAVE J 8000 W. FLORISSANT AVE. SAINT LOUIS, MO 63136 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I 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 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:  Steven Chelesnik 3-25-2004 952-941-5560 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

Attachment

F960000006592

CSI Services, Inc.
835 Innovation Drive
Knoxville, TN 37932

Officer/Title

Business Address

*David A. Dunbar
President & CEO, COO

835 Innovation Drive
Knoxville, TN 37932

*Scott Kieffer
CFO Treasurer

835 Innovation Drive
Knoxville, TN 37932

Valerie Wilson
Asst. Treasurer

835 Innovation Drive
Knoxville, TN 37932

~~Augustine DiGiovanni~~
~~Asst. Secretary~~

~~835 Innovation Drive~~
~~Knoxville, TN 37932~~

*Harley M. Smith
Asst. Secretary

8000 W. Florissant Ave
Saint Louis, MO 63136

David C. Moon
VP/Asst. Treasurer

8000 W. Florissant Ave
Saint Louis, MO 63136

Dave J. Rabe
Asst. Treasurer

8000 W. Florissant Ave
Saint Louis, MO 63136

Carl T. Bauer
Asst. Secretary

8000 W. Florissant Ave
Saint Louis, MO 63136

Teresa Burnett
Asst. Treasurer

8100 W. Florissant Ave
Saint Louis, MO 63136

Matthew Geekie
Asst. Secretary

8100 W. Florissant Ave
Saint Louis, MO 63136

~~Steven Chelesnik~~
~~Asst. Secretary~~

~~12001 Technology Drive~~
~~Eden Prairie, MN 55344~~

*Denotes Board of Directors