

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006592

Entity Name: CSI SERVICES, INC.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

835 INNOVATION DRIVE
KNOXVILLE, TN 37932

New Principal Place of Business:

Current Mailing Address:

12001 TECHNOLOGY DR
ATTN: TAX DEPT
EDEN PRAIRIE, MN 55344

New Mailing Address:

FEI Number: 62-1651370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: DUNBAR, DAVID A
Address: 835 INNOVATION DRIVE
City-St-Zip: KNOXVILLE, TN 37932

Title: AT () Delete
Name: WILSON, VALERIE
Address: 835 INNOVATION DRIVE
City-St-Zip: KNOXVILLE, TN 37932

Title: AS () Delete
Name: DIGIOVANNI, AUGUSTINE
Address: 835 INNOVATION DRIVE
City-St-Zip: KNOXVILLE, TN 37932

Title: AS () Delete
Name: CHELESNIK, STEVEN
Address: 12001 TECHNOLOGY DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: VAT () Delete
Name: MOON, DAVID C
Address: 8000 W. FLORISSANT AVE.
City-St-Zip: SAINT LOUIS, MO 63136

Title: AT () Delete
Name: RABE, DAVE J
Address: 8000 W. FLORISSANT AVE.
City-St-Zip: SAINT LOUIS, MO 63136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 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: DAVE J. RABE

AT

05/01/2006

Electronic Signature of Signing Officer or Director

Date