

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000004958 (3)**

1. Corporation Name

CRSI SPV 20107, INC. NOW KNOWN AS CRSI SPV 20546, INC.



Principal Place of Business

Mailing Address

6954 AMERICANA PARKWAY
REYNOLDSBURG OH 43068

6954 AMERICANA PARKWAY
REYNOLDSBURG OH 43068

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

10/12/1995

4. FEI Number

Applied For

~~APPLIED FOR 31-1446926~~

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

30000170893

83

-04/05/96--01050--012

84 City

***5800.00

FL

85 Zip Code

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 on this page 244

(NOTE: Registered Agent includes separate letter transmittal)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
P	WEILER, ROBERT J	41 SOUTH HIGH STREET	COLUMBUS OH 43215	<input checked="" type="checkbox"/>
VT	BLACKMORE, DAVID P	6954 AMERICANA PARKWAY	REYNOLDSBURG OH 43068	<input type="checkbox"/>
DVS	BOWNAS, JAMES H	6954 AMERICANA PARKWAY	REYNOLDSBURG OH 43068	<input checked="" type="checkbox"/>
DV	CARBONE, MICHAEL F	6954 AMERICANA PARKWAY	REYNOLDSBURG OH 43068	<input checked="" type="checkbox"/>
DV	PAUSCH, ROBERT E	6954 AMERICANA PARKWAY	REYNOLDSBURG OH 43068	<input checked="" type="checkbox"/>
TD	TRUBIANA, THOMAS	6954 AMERICANA PARKWAY	REYNOLDSBURG OH 43068	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	
P/D	John B. Hartling	6954 Americana Parkway	Reynoldsburg, OH 43068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V/D	David P. Blackmore	6954 Americana Parkway	Reynoldsburg, OH 43068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	V/D	Michele R. Souder	6954 Americana Parkway	Reynoldsburg, OH 43068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V/T	Ronald P. Koegler	6954 Americana Parkway	Reynoldsburg, OH 43068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	AS	Dain C. Akin	6954 Americana Parkway	Reynoldsburg, OH 43068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
																				D	Mark D. Thompson	600 Superior Ave NE	Cleveland, OH 44114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered agent 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, changed, or on an attachment with an address.

SIGNATURE

Donald P. Akin

Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(614) 575-5255

LIST

Daytime Phone #

CR2E034 (12/95)

pm 4-5-96