

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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, if changed, or on any attachment with an address.

SIGNATURE

*Thomas Trubiana*

Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(614) 575-5255

Daytime Phone #

CR2E034 (12/95)

pm 4-5-96