

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004958 (3)

1. Corporation Name
CRSI SPV 20546, INC.



Principal Place of Business 6854 AMERICANA PARKWAY REYNOLDSBURG OH 43068	Mailing Address 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068-4115
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3. Date Incorporated or Qualified 10/12/1995	3a. Date of Last Report 04/05/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 31-1446926	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)	
				83	
				84 City	85 Zip Code
				FL	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P/D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTLING, JOHN B		1.2 NAME Bartling, John B.	
STREET ADDRESS 6954 AMERICANA PARKWAY		1.3 STREET ADDRESS	
CITY-ST-ZIP REYNOLDSBURG OH 43068		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLACKMORE, DAVID P		2.2 NAME Sosh, Michael F.	
STREET ADDRESS 6954 AMERICANA PARKWAY		2.3 STREET ADDRESS	
CITY-ST-ZIP REYNOLDSBURG OH 43068		2.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOUDER, MICHELE R		3.2 NAME Selid, Paul R.	
STREET ADDRESS 6954 AMERICANA PARKWAY		3.3 STREET ADDRESS	
CITY-ST-ZIP REYNOLDSBURG OH 43068		3.4 CITY-ST-ZIP	
TITLE VT	<input type="checkbox"/> DELETE	4.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOEGLER, RONALD P		4.2 NAME Koegler, Ronald P.	
STREET ADDRESS 6954 AMERICANA PARKWAY		4.3 STREET ADDRESS	
CITY-ST-ZIP REYNOLDSBURG OH 43068		4.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	5.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AKIN, DAIN C		5.2 NAME Meyer, Jeffrey D.	
STREET ADDRESS 6954 AMERICANA PARKWAY		5.3 STREET ADDRESS	
CITY-ST-ZIP REYNOLDSBURG OH 43068		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE V/CRO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMPSON, MARK D		6.2 NAME Thompson, Mark D.	
STREET ADDRESS 600 SUPERIOR AVE NE		6.3 STREET ADDRESS 6954 Americana Parkway	
CITY-ST-ZIP CLEVELAND OH 44114		6.4 CITY-ST-ZIP Reynoldsburg, OH 43068	

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: *Jeffrey D. Meyer* **JEFFREY D. MEYER** SECRETARY (614) 575-5223
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)