

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000004959 (1)**
1. Corporation Name
CRSI SPV 20309, INC.



Principal Place of Business: **6954 AMERICANA PKWY REYNOLDSBURG OH 43068**
Mailing Address: **6954 AMERICANA PKWY REYNOLDSBURG OH 43068**

3. Date Incorporated or Qualified: **10/12/1995**
3a. Date of Last Report: **10/12/1995**
4. FEI Number: **APPLIED FOR 91-1448113**
Applied For: 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

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

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: _____ 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 _____ (Print Name of Registered Agent and Title of Agent) (Print Registered Agent Signature and Address) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	BOWNAS, JAMES H	
STREET ADDRESS	6954 AMERICANA PKWY	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CARBONE, MICHAEL F	
STREET ADDRESS	6954 AMERICANA PKWY	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	PAUSCH, ROBERT E	
STREET ADDRESS	6954 AMERICANA PKWY	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	TRUBIANA, THOMAS	
STREET ADDRESS	6954 AMERICANA PKWY	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, MARK D	
STREET ADDRESS	600 SUPERIOR AVE NE	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WEILER, ROBERT J	
STREET ADDRESS	41 S HIGH ST	
CITY-ST-ZIP	COLUMBUS OH 43215	

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. Bartling
1.3 STREET ADDRESS	6954 Americana Parkway
1.4 CITY-ST-ZIP	Reynoldsburg, OH 43068
2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michele R. Souder
2.3 STREET ADDRESS	6954 Americana Parkway
2.4 CITY-ST-ZIP	Reynoldsburg, OH 43068
3.1 TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ronald P. Koegler
3.3 STREET ADDRESS	6954 Americana Parkway
3.4 CITY-ST-ZIP	Reynoldsburg, OH 43068
4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dain C. Akin
4.3 STREET ADDRESS	6954 Americana Parkway
4.4 CITY-ST-ZIP	Reynoldsburg, OH 43068
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	400001770914
5.3 STREET ADDRESS	-04/05/96--01050--012
5.4 CITY-ST-ZIP	***5800.00
6.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	David P. Blackmore
6.3 STREET ADDRESS	6954 Americana Parkway
6.4 CITY-ST-ZIP	Reynoldsburg, OH 43068

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 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 *David P. Blackmore* Vice President
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(614) 575-5255
Daytime Phone #

CR2E034 (12/95)

405-96