

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/11/2003-90224-023-\$150.00-\$150.00

00617006 AT

DOCUMENT # F01000002872

1. Entity Name
CRSI SPV 1996 PW2, INC.



FILED

03 APR 25 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6954 AMERICANA PARKWAY
REYNOLDSBURG OH 43068

Mailing Address
6954 AMERICANA PARKWAY
REYNOLDSBURG OH 43068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 31-1475361

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEXUS DOCUMENT SERVICES INC.
3953 WW KELLY ROAD
TALLAHASSEE FL 32311

Name
C T CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City PLANTATION FL Zip Code 33324

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Christine M. Eastwood

Christine M. Eastwood
Assistant Secretary

4/24/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME STROHM, BRUCE C
STREET ADDRESS 6954 AMERICANA PARKWAY
CITY-ST-ZIP REYNOLDSBURG OH 43068 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400
CITY-ST-ZIP CHICAGO IL 60606

TITLE EV
NAME FOX, LESLIE B
STREET ADDRESS 6954 AMERICANA PARKWAY
CITY-ST-ZIP REYNOLDSBURG OH 43068 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400
CITY-ST-ZIP CHICAGO IL 60606

TITLE V
NAME POTTS, TAMRA L
STREET ADDRESS 6954 AMERICANA PARKWAY
CITY-ST-ZIP REYNOLDSBURG OH 43068 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VAS
NAME MATZ, JANE
STREET ADDRESS 6954 AMERICANA PARKWAY
CITY-ST-ZIP REYNOLDSBURG OH 43068 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400
CITY-ST-ZIP CHICAGO IL 60606

TITLE VAS
NAME DUWE, YASMINA
STREET ADDRESS 6954 AMERICANA PARKWAY
CITY-ST-ZIP REYNOLDSBURG OH 43068 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400
CITY-ST-ZIP CHICAGO IL 60606

TITLE VAS
NAME RENCH, JENNIFER
STREET ADDRESS 6954 AMERICANA PARKWAY
CITY-ST-ZIP REYNOLDSBURG OH 43068 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400
CITY-ST-ZIP CHICAGO IL 60606

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tamra Potts*
Tamra Potts, Vice President

4/10/03

614-575-5192

CR2034 (10/02)