

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000002873
 1. Entity Name
 CRSI SPV 1996 PW3, INC.



Principal Place of Business
 6954 AMERICANA PARKWAY
 REYNOLDSBURG, OH 43068

Mailing Address
 6954 AMERICANA PARKWAY
 REYNOLDSBURG, OH 43068

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1486163	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT. CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000091193
 03/17/04-80050-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STROHM, BRUCE C TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EV FOX, LESLIE B TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCHUGH, MICHAEL J TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VASD MATZ, JANE TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VASD DUWE, YASMINA TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS RENCH, JENNIFER TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 L. Potts TAMRA L. POTTS FEB 17 2004 614575 5192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #