

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90008 042 ***150.00

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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



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1486163

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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 L. Potts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAMRA L. POTTS

MAR 1 2005

Date Daytime Phone #

6145755192