2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002873

Entity Name: CRSI SPV 1996 PW3, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
6954 AMERICANA PARKWAY REYNOLDSBURG, OH 43068 Current Mailing Address: 6954 AMERICANA PARKWAY REYNOLDSBURG, OH 43068				TWO N. RIVERSIDE PLAZA CHICAGO, IL 60606 New Mailing Address:		
			New Mailin			
			TWO N. RIVERSIDE PLAZA CHICAGO, IL 60606			
FEI Number	: 31-1486163	FEI Number Applied For()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and	Address of New Registered Agent:		
1200 SOU	PORATION SY ITH PINE ISLA ION, FL 3332	ND ROAD				
	e named entity e of Florida.	submits this statement for the	ourpose of changing its	s registered office or registered agent, or	both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	ent	Date		
Election Car		03(2)(b), F.S., the corporation did nogenation (i). g Trust Fund Contribution (ii). stors:	·	e. S/CHANGES TO OFFICERS AND DIRE	стог	
Title: Name: Address: City-St-Zip:	STROHM, BRU	RIVERSIDE PLAZA, SUITE 400	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	FOX, LESLIE	RIVERSIDE PLAZA, SUITE 400	Title: Name: Address: City-St-Zip:	S (X) Change () Addition SHUMAN, BARBARA TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606		
Title: Name: Address: City-St-Zip:	MCHUGH, MIC	RIVERSIDE PLAZA, SUITE 400	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	MATZ, JANE) Delete RIVERSIDE PLAZA, SUITE 400 60606	Title: Name: Address: City-St-Zip:	() Change () Addition		
City-St-Zip:						
	DUWE, YASMI	RIVERSIDE PLAZA, SUITE	Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA SHUMAN S 05/01/2006