

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90224 024 \*\*\*150.00

0647207 AT

**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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

LEXIS DOCUMENT SERVICES INC.  
3953 WW KELLEY ROAD  
TALLAHASSEE FL 32311

## 7. Name and Address of New Registered Agent

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

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STROHM, BRUCE C</b> <b>6954 AMERICANA PARKWAY</b> <b>REYNOLDSBURG OH 43068</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV</b> <b>FOX, LESLIE B</b> <b>6954 AMERICANA PARKWAY</b> <b>REYNOLDSBURG OH 43068</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MCHUGH, MICHAEL J</b> <b>6954 AMERICANA PARKWAY</b> <b>REYNOLDSBURG OH 43068</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VASD</b> <b>MATZ, JANE</b> <b>6954 AMERICANA PARKWAY</b> <b>REYNOLDSBURG OH 43068</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VASD</b> <b>DUWE, YASMINA</b> <b>6954 AMERICANA PARKWAY</b> <b>REYNOLDSBURG OH 43068</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>RENCH, JENNIFER</b> <b>6954 AMERICANA PARKWAY</b> <b>REYNOLDSBURG OH 43068</b>	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TWO NORTH RIVERSIDE PLAZA, SUITE 400</b> <b>CHICAGO IL 60606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TWO NORTH RIVERSIDE PLAZA, SUITE 400</b> <b>CHICAGO IL 60606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TWO NORTH RIVERSIDE PLAZA, SUITE 400</b> <b>CHICAGO IL 60606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TWO NORTH RIVERSIDE PLAZA, SUITE 400</b> <b>CHICAGO IL 60606</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TWO NORTH RIVERSIDE PLAZA, SUITE 400</b> <b>CHICAGO IL 60606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TWO NORTH RIVERSIDE PLAZA, SUITE 400</b> <b>CHICAGO IL 60606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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, Vice President**

4/10/03

Date

614-575-5192

Daytime Phone #

CR2E034 (10/02)