


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F01000002875

1. Entity Name
CRSI SPV 103, INC.



| | |
|---|---|
| Principal Place of Business 6954 AMERICANA PARKWAY REYNOLDSBURGH, OH 43068 | Mailing Address 6954 AMERICANA PARKWAY REYNOLDSBURGH, OH 43068 |
|---|---|

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 31-1448108 | 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

**C T 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

U00000091189
 03/17/04-80050-002 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STROHM, BRUCE C TWO NORTH RIVERSIDE PLAZA, STE. 400 CHICAGO, IL 60606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EV FOX, LESLIE B TWO NORTH RIVERSIDE PLAZA, STE. 400 CHICAGO, IL 60606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MCHUGH, MICHAEL J TWO NORTH RIVERSIDE PLAZA, STE. 400 CHICAGO, IL 60606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAS MATZ, JANE TWO NORTH RIVERSIDE PLAZA, STE. 400 CHICAGO, IL 60606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VASD DUWE, YASMINA TWO NORTH RIVERSIDE PLAZA, STE. 400 CHICAGO, IL 60606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAS RENCH, JENNIFER TWO NORTH RIVERSIDE PLAZA, STE. 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)(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 **TAMRA L. POTTS** **FEB 17 2004 4 57** **5192**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Offtime Phone #