2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # F01000002875

CRSI SPV 103, INC.

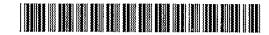


Principal Place of Business

6954 AMERICANA PARKWAY REYNOLDSBURGH, OH 43068 Mailing Address

6954 AMERICANA PARKWAY REYNOLDSBURGH, OH 43068

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



01142004

No Chg-P

CR2E034 (10/03)

4. FEI Number 31-1448108

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD

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PLANTATION, FL 33324			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, 2004 Fee will be \$550.00		 Election Campaign Finant Trust Fund Contribution. 	cing 🔲	\$5.00 May Be Added to Fees	U00000091189 03/17/04-80050-002 150.00	
10.	OFFICERS AND DIREC	TORS				
NAME STREET ADDRESS CITY-ST-ZIP	P STROHM, BRUCE C TWO NORTH RIVERSIDE PLAZA, ST CHICAGO, IL 60606	E. 400				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	EV FOX, LESLIE B TWO NORTH RIVERSIDE PLAZA, ST CHICAGO, IL 60606	E. 400				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCHUGH, MICHAEL J s TWO NORTH RIVERSIDE PLAZA, STE. 400 CHICAGO, IL 60606			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS MATZ, JANE TWO NORTH RIVERSIDE PLAZA, STE. 400 CHICAGO, IL 60606					
TITLE NAME STREET AODRESS CITY-ST-ZIP	VASD DUWE, YASMINA TWO NORTH RIVERSIDE PLAZA, STE. 400 CHICAGO, IL 60606				· · · · · · · · · ·	
TITLE MAME STREET ADDRESS GITY-ST-ZIP	VAS RENCH, JENNIFER TWO NORTH RIVERSIDE PLAZA, ST CHICAGO, IL 60606	E. 400				
12. I hereby certify that the information supplied with this filling 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 it 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. TAMRA L. POTTS

SIGNATURE: