

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005618

1. Entity Name
CRI HOLDINGS, INC.



Principal Place of Business
191 W. NATIONWIDE BLVD.
SUITE 200
COLUMBUS, OH 43215-2568

Mailing Address
191 W. NATIONWIDE BLVD.
SUITE 200
COLUMBUS, OH 43215-2568



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1668216

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREENE, ROBERT F
1301 SIXTH AVENUE WEST, SUITE 400
BRADENTON, FL 34205

**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 registering)

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
DPT
CASTO, DON M III
STREET ADDRESS
191 W. NATIONWIDE BLVD., STE 200
CITY ST ZIP
COLUMBUS, OH 432152568

TITLE
NAME
DVS
BENSON, FRANK S III
STREET ADDRESS
191 W. NATIONWIDE BLVD., STE 200
CITY ST ZIP
COLUMBUS, OH 432152568

TITLE
NAME
VAS
DUTTON, STEPHEN E
STREET ADDRESS
191 W. NATIONWIDE BLVD., STE 200
CITY ST ZIP
COLUMBUS, OH 432152568

TITLE
NAME
V
LUKEMAN, PAUL G
STREET ADDRESS
191 W. NATIONWIDE BLVD., STE 200
CITY ST ZIP
COLUMBUS, OH 432152568

TITLE
NAME
V
MARTIN, ANTHONY A
STREET ADDRESS
191 W. NATIONWIDE BLVD., STE 200
CITY ST ZIP
COLUMBUS, OH 432152568

TITLE
NAME
V
RIAT, WILLIAM J
STREET ADDRESS
191 W. NATIONWIDE BLVD., STE 200
CITY ST ZIP
COLUMBUS, OH 432152568

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05/05/04-80070-008 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 614-228-5331

Date

Daytime Phone #