

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 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**



04112008 No Chg-P CR2E034 (11/05)

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000917932
05/13/08-80062-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	CASTO, DON M III
STREET ADDRESS	191 W. NATIONWIDE BLVD., STE 200
CITY-ST-ZIP	COLUMBUS, OH 432152568
TITLE	DVS
NAME	BENSON, FRANK S III
STREET ADDRESS	191 W. NATIONWIDE BLVD., STE 200
CITY-ST-ZIP	COLUMBUS, OH 432152568
TITLE	VAS
NAME	DUTTON, STEPHEN E
STREET ADDRESS	191 W. NATIONWIDE BLVD., STE 200
CITY-ST-ZIP	COLUMBUS, OH 432152568
TITLE	V
NAME	LUKEMAN, PAUL G
STREET ADDRESS	191 W. NATIONWIDE BLVD., STE 200
CITY-ST-ZIP	COLUMBUS, OH 432152568
TITLE	V
NAME	MARTIN, ANTHONY A
STREET ADDRESS	191 W. NATIONWIDE BLVD., STE 200
CITY-ST-ZIP	COLUMBUS, OH 432152568
TITLE	V
NAME	RIAT, WILLIAM J
STREET ADDRESS	191 W. NATIONWIDE BLVD., STE 200
CITY-ST-ZIP	COLUMBUS, OH 432152568

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

DON M CASTO III

04/18/08

614-228-5331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #