FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAY -1 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001542 (9)**

1. Corporation Name
CRSI SPV 2, INC.

Principal Place of Business	Mailing Address
6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068	6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068

DO NOT WRITE IN THIS SPACE

5. Date Incorporated or Qualified: 03/28/1994	3a. Date of Last Report:
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: APPLIED FOR	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MCDOWELL, FRANK C	12 NAME	
STREET ADDRESS	6954 AMERICANA PARKWAY	13 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	BLACKMORE, DAVID P	22 NAME	
STREET ADDRESS	6954 AMERICANA PARKWAY	23 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	24 CITY-ST-ZIP	
TITLE	VPDS	31 TITLE	☐ Change ☐ Addition
NAME	BOWNAS, JAMES H	32 NAME	
STREET ADDRESS	6954 AMERICANA PARKWAY	33 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	34 CITY-ST-ZIP	
TITLE	VPD	41 TITLE	☐ Change ☐ Addition
NAME	CARBONE, MICHAEL F	42 NAME	
STREET ADDRESS	6954 AMERICANA PARKWAY	43 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	44 CITY-ST-ZIP	
TITLE	VPD	51 TITLE	☐ Change ☐ Addition
NAME	PAUSCH, ROBERT E	52 NAME	
STREET ADDRESS	6954 AMERICANA PARKWAY	53 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	TRUBIANA, THOMAS	62 NAME	
STREET ADDRESS	6954 AMERICANA PARKWAY	63 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ JAMES H. BOWNAS APRIL 26, 1995 (614) 575-5214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0384660 CP