

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 10:43

DOCUMENT # **F94000004393 (4)**

1. Corporation Name
CRC-OHIO, INC.

Principal Place of Business Mailing Address
6001 INDIAN SCHOOL ROAD, N.E., STE 530 ALBUQUERQUE NM 87110

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Organized **08/24/1994** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	94-1846099 34-1727168	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

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

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, NEAL	12 NAME	Elliott, Neal H.
STREET ADDRESS	6001 INDIAN SCHOOL ROAD., N.E., STE 530	13 STREET ADDRESS	5091 Los Poblanos, N.W.
CITY- ST- ZIP	ALBUQUERQUE NM	14 CITY- ST- ZIP	Albuquerque, NM 87107
TITLE	VD	21 TITLE	V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELT JR., KLEMETT L	22 NAME	Belt, Jr., Klemett L.
STREET ADDRESS	6001 INDIAN SCHOOL ROAD., N.E., STE 530	23 STREET ADDRESS	9406 Seabrook, N.E.
CITY- ST- ZIP	ALBUQUERQUE NM	24 CITY- ST- ZIP	Albuquerque, NM 87111
TITLE	STD	31 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALES, CHARLES H	32 NAME	Gonzales, Charles H.
STREET ADDRESS	6001 INDIAN SCHOOL ROAD., N.E., STE 530	33 STREET ADDRESS	1419 Camino Amparo
CITY- ST- ZIP	ALBUQUERQUE NM	34 CITY- ST- ZIP	Albuquerque, NM 87107
TITLE		41 TITLE	J <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	Sauder, Scott
STREET ADDRESS		43 STREET ADDRESS	3412 Mateo Prudo, N.W.
CITY- ST- ZIP		44 CITY- ST- ZIP	Albuquerque, NM 87107
TITLE		51 TITLE	V/CO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	Schofield, Ernest A.
STREET ADDRESS		53 STREET ADDRESS	6121 Carusall, N.W.
CITY- ST- ZIP		54 CITY- ST- ZIP	Albuquerque, NM 87120
TITLE		61 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	Anglo, Deborah
STREET ADDRESS		63 STREET ADDRESS	5725 Tenkwood Trail, N.E.
CITY- ST- ZIP		64 CITY- ST- ZIP	Albuquerque, NM 87111

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)(b), 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: *Charles H. Gonzales* **CHARLES H. GONZALES** (505) 881-4961
3-28-95