

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000004393 (4)

1. Corporation Name

CRC-OHIO, INC.

Principal Place of Business

6001 INDIAN SCHOOL ROAD, N.E., STE 530
ALBUQUERQUE NM 87110

Mailing Address

6001 INDIAN SCHOOL ROAD, N.E., STE 530
ALBUQUERQUE NM 87110



3. Date Incorporated or Qualified
08/24/1994

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

34-1727168

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

10. Name and Address of New Registered Agent

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

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

Sign in bold or printed name of registered agent and file if applicable

NOTE: Registered Agent signature required when reappointing

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ELLIOTT, NEAL M.	
STREET ADDRESS	5091 LOS POBLANOS, N W	
CITY- ST- ZIP	ALBUQUERQUE NM	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	BELT, JR. K	
STREET ADDRESS	9406 SEABROOK, NE	
CITY- ST- ZIP	ALBUQUERQUE NM	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GONZALES, CHARLES H.	
STREET ADDRESS	1419 CAMINO AMPARO	
CITY- ST- ZIP	ALBUQUERQUE NM	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SAUDER, SCOT	
STREET ADDRESS	3412 MATEO PRADO, NW	
CITY- ST- ZIP	ALBUQUERQUE NM	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	BGHOFIELD, ERNEST A.	
STREET ADDRESS	6121 CAROUSAL, NW	
CITY- ST- ZIP	ALBUQUERQUE NM	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ANGLE, DEBORAH	
STREET ADDRESS	5725 TEAKWOOD TRAIL, NE	
CITY- ST- ZIP	ALBUQUERQUE NM	

13.		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNEST A. SHOFIELD

11/29/96

Date

Daytime Phone #

CR2E034 (12/95)