

**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**  
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

2. Principal Place of Business: 21 Sube. Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

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  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

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	GHOFFIELD, 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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: *Ernest A. Schofield* ERNEST A. SCHOFIELD CFO 1/29/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)