

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 # **F95000002419 (8)**

1. Corporation Name
CRSI SPV 77, INC.



Principal Place of Business: **6954 AMERICANA PKY. REYNOLDSBURG OH 43068**
Mailing Address: **6954 AMERICANA PKY. REYNOLDSBURG OH 43068**

3. Date Incorporated or Qualified: **05/17/1995**
3a. Date of Last Report: _____
4. FEI Number: **-APPLIED FOR 31-1403263**
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**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MCDOWELL, FRANK C	1. TITLE: P/D	NAME: John B. Bartling
STREET ADDRESS: 6954 AMERICANA PKY.	CITY-ST-ZIP: REYNOLDSBURG OH 43068	1.2 NAME: John B. Bartling	1.3 STREET ADDRESS: 6954 Americana Parkway
		1.4 CITY-ST-ZIP: Reynoldsburg, OH 43068	
TITLE: V	NAME: BLACKMORE, DAVID P	2. TITLE: V/D	NAME: David P. Blackmore
STREET ADDRESS: 6954 AMERICANA PKY.	CITY-ST-ZIP: REYNOLDSBURG OH 43068	2.2 NAME: David P. Blackmore	2.3 STREET ADDRESS: 6954 Americana Parkway
		2.4 CITY-ST-ZIP: Reynoldsburg, OH 43068	
TITLE: VD	NAME: BOWNAS, JAMES H	3. TITLE: V/D	NAME: Michele R. Souder
STREET ADDRESS: 6954 AMERICANA PKY.	CITY-ST-ZIP: REYNOLDSBURG OH 43068	3.2 NAME: Michele R. Souder	3.3 STREET ADDRESS: 6954 Americana Parkway
		3.4 CITY-ST-ZIP: Reynoldsburg, OH 43068	
TITLE: VD	NAME: CARBONE, MICHAEL F	4. TITLE: V/T	NAME: Ronald P. Kogler
STREET ADDRESS: 6954 AMERICANA PKY.	CITY-ST-ZIP: REYNOLDSBURG OH 43068	4.2 NAME: Ronald P. Kogler	4.3 STREET ADDRESS: 6954 Americana Parkway
		4.4 CITY-ST-ZIP: Reynoldsburg, OH 43068	
TITLE: VD	NAME: PAUSCH, ROBERT E	5. TITLE: AS	NAME: Dain C. Akin
STREET ADDRESS: 6954 AMERICANA PKY.	CITY-ST-ZIP: REYNOLDSBURG OH 43068	5.2 NAME: Dain C. Akin	5.3 STREET ADDRESS: 6954 Americana Parkway
		5.4 CITY-ST-ZIP: Reynoldsburg, OH 43068	
TITLE: V	NAME: TRUBIANA, THOMAS	6. TITLE: _____	NAME: _____
STREET ADDRESS: 6954 AMERICANA PKY.	CITY-ST-ZIP: REYNOLDSBURG OH 43068	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]* Vice President (614) 575-5255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ Daytime Phone #

CR2E034 (12/95)

PM 4-6-96