

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 43068-4115**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/17/1995		3a. Date of Last Report 04/05/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 31-1403263		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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			
				85 Zip Code FL			

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	P/C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLING, JOHN B	1.2 NAME	Bartling, John B.
STREET ADDRESS	6954 AMERICANA PKY.	1.3 STREET ADDRESS	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	V/CFO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKMORE, DAVID P	2.2 NAME	Thompson, Mark D.
STREET ADDRESS	6954 AMERICANA PKY.	2.3 STREET ADDRESS	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUDER, MICHELE R	3.2 NAME	Selid, Paul R.
STREET ADDRESS	6954 AMERICANA PKY.	3.3 STREET ADDRESS	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	3.4 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEGLER, RONALD P	4.2 NAME	Koegler, Ronald P.
STREET ADDRESS	6954 AMERICANA PKY.	4.3 STREET ADDRESS	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	4.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKIN, DAIN C	5.2 NAME	Sosh, Michael F.
STREET ADDRESS	6954 AMERICANA PKY.	5.3 STREET ADDRESS	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUBIANA, THOMAS	6.2 NAME	Meyer, Jeffrey D.
STREET ADDRESS	6954 AMERICANA PKY.	6.3 STREET ADDRESS	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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: **Jeffrey D. Meyer** **JEFFREY D. MEYER** **SECRETARY** **(614) 575-5233**

CR2E034 (9/96)