

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F95000002419 (8)
 1. Corporation Name
CRSI SPV '97, INC.



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/17/1995**

4. FEI Number: **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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business
 2a. Mailing Address

21. Suite, Apt. #, etc.
 26. Suite, Apt. #, etc.

22. City & State
 27. City & State

23. Zip
 28. Zip
 24. Country
 25. Country
 29. Country
 30. Country

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Not Permitted)
 83.
 84. City
 85. Zip Code **FL**

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

TITLE	POD	<input checked="" type="checkbox"/> DELETE
NAME	BARTLING, JOHN B	
STREET ADDRESS	6954 AMERICANA PKY.	
CITY-ST-ZIP	REYNOLDSBURG OH	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, MARK D	
STREET ADDRESS	6954 AMERICANA PKY.	
CITY-ST-ZIP	REYNOLDSBURG OH	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SELID, PAUL R	
STREET ADDRESS	6954 AMERICANA PKY.	
CITY-ST-ZIP	REYNOLDSBURG OH	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	KOEGLER, RONALD P	
STREET ADDRESS	6954 AMERICANA PKY.	
CITY-ST-ZIP	REYNOLDSBURG OH	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	SOSH, MICHAEL F	
STREET ADDRESS	6954 AMERICANA PKY.	
CITY-ST-ZIP	REYNOLDSBURG OH	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, JEFFEREY D	
STREET ADDRESS	6954 AMERICANA PKY.	
CITY-ST-ZIP	REYNOLDSBURG OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bartling, John B	
1.3 STREET ADDRESS	6954 Americana Parkway	
1.4 CITY-ST-ZIP	Reynoldsburg, OH 43068	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thompson, Mark D	
2.3 STREET ADDRESS	6954 Americana Parkway	
2.4 CITY-ST-ZIP	Reynoldsburg, OH 43068	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Koegler, Ronald P	
3.3 STREET ADDRESS	6954 Americana Parkway	
3.4 CITY-ST-ZIP	Reynoldsburg, OH 43068	
4.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sosh, Michael F	
4.3 STREET ADDRESS	6954 Americana Parkway	
4.4 CITY-ST-ZIP	Reynoldsburg, OH 43068	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Selid, Paul R	
5.3 STREET ADDRESS	6954 Americana Parkway	
5.4 CITY-ST-ZIP	Reynoldsburg, OH 43068	
6.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VanAuken, Bradley A	
6.3 STREET ADDRESS	6954 Americana Parkway	
6.4 CITY-ST-ZIP	Reynoldsburg, OH 43068	

14. I 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, in bold, or on an attachment with an address.

SIGNATURE: *Bradley A. Van Auken*

CR2E034 (10/97)