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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

DOCUMENT # F95000004899 (9)

1. Corporation Name

CRSI SPV 20314, INC.



Principal Place of Business

Mailing Address

6954 AMERICANA PARKWAY  
REYNOLDSBURG OH 43068

6954 AMERICANA PARKWAY  
REYNOLDSBURG OH 43068-4115

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/10/1995

3a. Date of Last Report

04/05/1996

4. FEI Number

31-1448633

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

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

Signature: Type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> DELETE |
| NAME           | BARTLING, JOHN B       |                                 |
| STREET ADDRESS | 6954 AMERICANA PARKWAY |                                 |
| CITY-ST-ZIP    | REYNOLDSBURG OH 43068  |                                 |
| TITLE          | VD                     | <input type="checkbox"/> DELETE |
| NAME           | BLACKMORE, DAVID P     |                                 |
| STREET ADDRESS | 6954 AMERICANA PARKWAY |                                 |
| CITY-ST-ZIP    | REYNOLDSBURG OH 43068  |                                 |
| TITLE          | VD                     | <input type="checkbox"/> DELETE |
| NAME           | SOUDER, MICHELE R      |                                 |
| STREET ADDRESS | 6954 AMERICANA PARKWAY |                                 |
| CITY-ST-ZIP    | REYNOLDSBURG OH 43068  |                                 |
| TITLE          | VT                     | <input type="checkbox"/> DELETE |
| NAME           | KOEGLER, RONALD P      |                                 |
| STREET ADDRESS | 6954 AMERICANA PARKWAY |                                 |
| CITY-ST-ZIP    | REYNOLDSBURG OH 43068  |                                 |
| TITLE          | AS                     | <input type="checkbox"/> DELETE |
| NAME           | AKIN, DAIN C           |                                 |
| STREET ADDRESS | 6954 AMERICANA PARKWAY |                                 |
| CITY-ST-ZIP    | REYNOLDSBURG OH 43068  |                                 |
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | THOMPSON, MARK D       |                                 |
| STREET ADDRESS | 600 SUPERIOR AVE NE    |                                 |
| CITY-ST-ZIP    | CLEVELAND OH 44114     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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* REQUIRED SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(614) 575-5223

CR2E034 (9/96)