

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

FILED

Mar 27 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000004901 (3)**

1. Corporation Name  
**CRSI SPV 20246, INC.**

Principal Place of Business  
**6954 AMERICANA PARKWAY  
REYNOLDSBURG OH 43068**

Mailing Address  
**6954 AMERICANA PARKWAY  
REYNOLDSBURG OH 43068-4115**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/10/1995</b>	3a. Date of Last Report <b>04/05/1996</b>
21		26		4. FEI Number <b>31-1448634</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip	30 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				10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b>
				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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P/C/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTLING, JOHN B</b>	1.2 NAME	<b>Bartling, John B.</b>
STREET ADDRESS	<b>6954 AMERICANA PARKWAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REYNOLDSBURG OH 43068</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>V/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACKMORE, DAVID P</b>	2.2 NAME	<b>Sosh, Michael F.</b>
STREET ADDRESS	<b>6954 AMERICANA PARKWAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REYNOLDSBURG OH 43068</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOUDER, MICHELE R</b>	3.2 NAME	<b>Seld, Paul R.</b>
STREET ADDRESS	<b>6954 AMERICANA PARKWAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REYNOLDSBURG OH 43068</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOEGLER, RONALD P</b>	4.2 NAME	<b>Koegler, Ronald P.</b>
STREET ADDRESS	<b>6954 AMERICANA PARKWAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REYNOLDSBURG OH 43068</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AKIN, DAIN C</b>	5.2 NAME	<b>Meyer, Jeffrey D.</b>
STREET ADDRESS	<b>6954 AMERICANA PARKWAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REYNOLDSBURG OH 43068</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>V/CFO/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, MARK D</b>	6.2 NAME	<b>Thompson, Mark D.</b>
STREET ADDRESS	<b>600 SUPERIOR AVE NE</b>	6.3 STREET ADDRESS	<b>6954 Americana Parkway</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44114</b>	6.4 CITY-ST-ZIP	<b>Reynoldsburg, OH 43068</b>

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 or changed, or on an attachment with an address.

SIGNATURE: *Jeffrey D. Meyer* **JEFFREY D. MEYER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SECRETARY**

(614) 575-5223

Date Daytime Phone #

0506160

CR2E034 (9/96)