

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

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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
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DOCUMENT # **F95000004902 (1)**

1. Corporation Name

CRSI SPV 20218, INC.



Principal Place of Business 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068	Mailing Address 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068-4115
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1995		3a. Date of Last Report 04/05/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 31-1448635		Applied For <input type="checkbox"/> 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		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			
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			
				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	NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PD BARTLING, JOHN B		1.2 NAME		
STREET ADDRESS	6954 AMERICANA PARKWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	REYNOLDSBURG OH 43068		1.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VD BLACKMORE, DAVID P		2.2 NAME	V/CRO/D Thompson, Mark D.	
STREET ADDRESS	6954 AMERICANA PARKWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	REYNOLDSBURG OH 43068		2.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VD SOUDER, MICHELE R		3.2 NAME	V/D Selid, Paul R.	
STREET ADDRESS	6954 AMERICANA PARKWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	REYNOLDSBURG OH 43068		3.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VT KOEGLER, RONALD P		4.2 NAME	V Koesler, Ronald P.	
STREET ADDRESS	6954 AMERICANA PARKWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	REYNOLDSBURG OH 43068		4.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AS AKIN, DAIN C		5.2 NAME	V/T Sosh, Michael F.	
STREET ADDRESS	6954 AMERICANA PARKWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	REYNOLDSBURG OH 43068		5.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	D THOMPSON, MARK D		6.2 NAME	S/D Meyer, Jeffrey D.	
STREET ADDRESS	600 SUPERIOR AVE NE		6.3 STREET ADDRESS	6954 Americana Parkway	
CITY-ST-ZIP	CLEVELAND OH 44114		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**
SECRETARY

(614) 575-5223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)