

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

DOCUMENT # F95000004904 (7)

1. Corporation Name
CRSI SPV 20199, INC.



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

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

| | |
|---|--|
| 3. Date Incorporated or Qualified 10/10/1995 | 3a. Date of Last Report 04/05/1996 |
| 4. FEI Number 31-1448675 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Country | 28 Zip Country |
| 24 | 29 |
| 25 | 30 |

| | | | |
|--|---|--|-----------|
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 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 | 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 PARKWAY | 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 | Solid, Paul R. |
| STREET ADDRESS | 6954 AMERICANA PARKWAY | 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 PARKWAY | 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 PARKWAY | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | REYNOLDSBURG OH 43068 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMPSON, MARK D | 6.2 NAME | Mayer, 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* **JEFFREY D. MEYER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: **(614) 575-5223**

CR2E034 (9/96)