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FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000004904 (7)
 1. Corporation Name
CRSI SPV 20199, INC.



DO NOT WRITE IN THIS SPACE

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

Mailing Address: **6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **10/10/1995**

4. FEI Number: **31-1448675**

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

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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BARTLING, JOHN B	
STREET ADDRESS	6954 AMERICANA PARKWAY	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, MARK D	
STREET ADDRESS	6954 AMERICANA PARKWAY	
CITY-ST-ZIP	REYNOLDSBURG OH	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SELD, PAUL R	
STREET ADDRESS	6954 AMERICANA PARKWAY	
CITY-ST-ZIP	REYNOLDSBURG OH	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KOEGLER, RONALD P	
STREET ADDRESS	6954 AMERICANA PARKWAY	
CITY-ST-ZIP	REYNOLDSBURG OH	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	SOSH, MICHAEL F	
STREET ADDRESS	6954 AMERICANA PARKWAY	
CITY-ST-ZIP	REYNOLDSBURG OH	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, JERREY D	
STREET ADDRESS	6954 AMERICANA PARKWAY	
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	Seld, 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)(f), 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: *Bradley A. Van Auken*

CF2E034 (10/97)