

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

DOCUMENT # F95000004905 (4)

1. Corporation Name  
CRSI SPV 20208, 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 10/10/1995		3a. Date of Last Report 04/05/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 31-1448646		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		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			
CT 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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	P/C/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARTLING, JOHN B			1.2 NAME	Bartling, John B.		
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/T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLACKMORE, DAVID P			2.2 NAME	Sosh, Michael F.		
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	Selid, 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	S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AKIN, DAIN C			5.2 NAME	Meyer, Jeffrey D.		
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	V/CFO/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMPSON, MARK D			6.2 NAME	Thompson, Mark 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* REQUIRED SECRETARY (414) 575-5223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)