

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F95000004906 (2)**

1. Corporation Name

**CRSI SPV 20442, INC.**



Principal Place of Business

**6954 AMERICANA PARKWAY  
REYNOLDSBURG OH 43068**

Mailing Address

**6954 AMERICANA PARKWAY  
REYNOLDSBURG OH 43068**

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

25

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

3. Date Incorporated or Qualified

**10/10/1995**

3a. Date of Last Report

4. FEI Number

**APPLIED FOR 31-1448632**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional**

**Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be**

Trust Fund Contribution

**Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

**700001770517**

**-04/05/96--01050--012**

84 City

**\*\*\*5800.00**

**FL**

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

Signature, typed or printed name of registered agent and, if not applicable,

207b Registered Agent Signature required when appointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WEILER, ROBERT J</b>	
STREET ADDRESS	<b>41 SOUTH HIGH ST.</b>	
CITY-ST-ZIP	<b>COLUMBUS OH 43215</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>BLACKMORE, DAVID P</b>	
STREET ADDRESS	<b>6954 AMERICANA PARKWAY</b>	
CITY-ST-ZIP	<b>REYNOLDSBURG OH 43068</b>	
TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOWNAS, JAMES H</b>	
STREET ADDRESS	<b>6954 AMERICANA PARKWAY</b>	
CITY-ST-ZIP	<b>REYNOLDSBURG OH 43068</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CARBONE, MICHAEL F</b>	
STREET ADDRESS	<b>6954 AMERICANA PARKWAY</b>	
CITY-ST-ZIP	<b>REYNOLDSBURG OH 43068</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PAUSCH, ROBERT E</b>	
STREET ADDRESS	<b>6954 AMERICANA PARKWAY</b>	
CITY-ST-ZIP	<b>REYNOLDSBURG OH 43068</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TRUBIANA, THOMAS</b>	
STREET ADDRESS	<b>6954 AMERICANA PARKWAY</b>	
CITY-ST-ZIP	<b>REYNOLDSBURG OH 43068</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>John B. Bartling</b>	
1.3 STREET ADDRESS	<b>6954 Americana Parkway</b>	
1.4 CITY-ST-ZIP	<b>Reynoldsburg, OH 43068</b>	
2.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>David P. Blackmore</b>	
2.3 STREET ADDRESS	<b>6954 Americana Parkway</b>	
2.4 CITY-ST-ZIP	<b>Reynoldsburg, OH 43068</b>	
3.1 TITLE	<b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Michele R. Souder</b>	
3.3 STREET ADDRESS	<b>6954 Americana Parkway</b>	
3.4 CITY-ST-ZIP	<b>Reynoldsburg, OH 43068</b>	
4.1 TITLE	<b>V/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Ronald P. Koegler</b>	
4.3 STREET ADDRESS	<b>6954 Americana Parkway</b>	
4.4 CITY-ST-ZIP	<b>Reynoldsburg, OH 43068</b>	
5.1 TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Dain C. Akin</b>	
5.3 STREET ADDRESS	<b>6954 Americana Parkway</b>	
5.4 CITY-ST-ZIP	<b>Reynoldsburg, OH 43068</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Mark D. Thompson</b>	
6.3 STREET ADDRESS	<b>600 Superior Ave NE</b>	
6.4 CITY-ST-ZIP	<b>Cleveland, OH 44114</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Ronald P. Koegler*

Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(614) 575-5255

Date

Daytime Phone

CR2E034 (12/95)

44-5-96