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 # **F95000004944 (3)**

1. Corporation Name

CRSI SPV 20449, INC.

Principal Place of Business	Mailing Address
6954 AMERICANA PKWY. REYNOLDSBURG OH 43068	6954 AMERICANA PKWY. REYNOLDSBURG OH 43068

3. Date Incorporated or Qualified: **10/12/1995** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: ~~APPLIED FOR~~ 31-1448118 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ 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 800001770918
-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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	13.1 TITLE	P/D	☐ Change ☒ Addition
NAME	WEILER, ROBERT J		13.2 NAME	John B. Bartling	
STREET ADDRESS	41 S. HIGH ST.		13.3 STREET ADDRESS	6954 Americana Parkway	
CITY-ST-ZIP	COLUMBUS OH 43215		13.4 CITY-ST-ZIP	Reynoldsburg, OH 43068	
TITLE	VT	☐ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	BLACKMORE, DAVID P		2.2 NAME	David P. Blackmore	
STREET ADDRESS	6954 AMERICANA PKWY.		2.3 STREET ADDRESS	6954 Americana Parkway	
CITY-ST-ZIP	REYNOLDSBURG OH 43068		2.4 CITY-ST-ZIP	Reynoldsburg, OH 43068	
TITLE	VSD	☒ DELETE	3.1 TITLE	V/D	☐ Change ☒ Addition
NAME	BOWNAS, JAMES H		3.2 NAME	Michele R. Souder	
STREET ADDRESS	6954 AMERICANA PKWY.		3.3 STREET ADDRESS	6954 Americana Parkway	
CITY-ST-ZIP	REYNOLDSBURG OH 43068		3.4 CITY-ST-ZIP	Reynoldsburg, OH 43068	
TITLE	VD	☒ DELETE	4.1 TITLE	V/T	☐ Change ☒ Addition
NAME	CARBONE, MICHAEL F		4.2 NAME	Ronald P. Koegler	
STREET ADDRESS	6954 AMERICANA PKWY.		4.3 STREET ADDRESS	6954 Americana Parkway	
CITY-ST-ZIP	REYNOLDSBURG OH 43068		4.4 CITY-ST-ZIP	Reynoldsburg, OH 43068	
TITLE	VD	☒ DELETE	5.1 TITLE	AS	☐ Change ☒ Addition
NAME	PAUSCH, ROBERT E		5.2 NAME	Dain Akin	
STREET ADDRESS	6954 AMERICANA PKWY.		5.3 STREET ADDRESS	6954 Americana Parkway	
CITY-ST-ZIP	REYNOLDSBURG OH 43068		5.4 CITY-ST-ZIP	Reynoldsburg, OH 43068	
TITLE	VD	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	TRUBIANA, THOMAS		6.2 NAME	Mark D. Thompson	
STREET ADDRESS	6954 AMERICANA PKWY.		6.3 STREET ADDRESS	600 Superior Ave NE	
CITY-ST-ZIP	REYNOLDSBURG OH 43068		6.4 CITY-ST-ZIP	Cleveland, OH 44114	

CR2E034 (12/95)

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)(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: Ronald P. Koegler **Vice President** **(614) 575-5255** 4-5-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #