

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
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DOCUMENT # F95000004944 (3)

1. Corporation Name
CRSI SPV 20449, INC.



Principal Place of Business 6954 AMERICANA PKWY. REYNOLDSBURG OH 43068	Mailing Address 6954 AMERICANA PKWY. REYNOLDSBURG OH 43068-4115
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/12/1995	3a. Date of Last Report 04/05/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 31-1448118	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	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 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 607.1508, 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/D/C	<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 PKWY.			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 PKWY.			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 PKWY.			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			5.2 NAME	Meyer, Jeffrey D.		
STREET ADDRESS	6954 AMERICANA PKWY.			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 provided by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 and is not changed, or on an attachment with an address.

SIGNATURE: *Jeffrey D. Meyer* SECRETARY (614) 575-5223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)