

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **F95000004944 (3)**

1. Corporation Name
CRSI SPY 20449, INC.

Principal Place of Business
**6954 AMERICANA PKWY.
REYNOLDSBURG OH 43068**

Mailing Address
**6954 AMERICANA PKWY.
REYNOLDSBURG OH 43068**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/12/1995	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Suite, Apt. #, etc.	30. City & State	31. FEI Number 31-1448118	32. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
33. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees				34. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
b. 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. City				84. 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, name or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	PD
NAME	BARTLING, JOHN B	1.2 NAME	Bartling, John B
STREET ADDRESS	6954 AMERICANA PARKWAY	1.3 STREET ADDRESS	6954 Americana Parkway
CITY-ST-ZIP	REYNOLDSBURG OH	1.4 CITY-ST-ZIP	Reynoldsburg, OH 43068
TITLE	NAME	2.1 TITLE	VD
NAME	SH, MICHAEL F	2.2 NAME	Thompson, Mark D
STREET ADDRESS	6954 AMERICANA PKWY.	2.3 STREET ADDRESS	6954 Americana Parkway
CITY-ST-ZIP	REYNOLDSBURG OH	2.4 CITY-ST-ZIP	Reynoldsburg, OH 43068
TITLE	NAME	3.1 TITLE	V
NAME	SELD, PAUL R	3.2 NAME	Koegler, Ronald P
STREET ADDRESS	6954 AMERICANA PKWY.	3.3 STREET ADDRESS	6954 Americana Parkway
CITY-ST-ZIP	REYNOLDSBURG OH	3.4 CITY-ST-ZIP	Reynoldsburg, OH 43068
TITLE	NAME	4.1 TITLE	VT
NAME	KOEGLER, RONALD P	4.2 NAME	Sosh, Michael F
STREET ADDRESS	6954 AMERICANA PKWY.	4.3 STREET ADDRESS	6954 Americana Parkway
CITY-ST-ZIP	REYNOLDSBURG OH	4.4 CITY-ST-ZIP	Reynoldsburg, OH 43068
TITLE	NAME	5.1 TITLE	V
NAME	MEYER, JEFFREY D	5.2 NAME	Seld, Paul R
STREET ADDRESS	6954 AMERICANA PKWY.	5.3 STREET ADDRESS	6954 Americana Parkway
CITY-ST-ZIP	REYNOLDSBURG OH	5.4 CITY-ST-ZIP	Reynoldsburg, OH 43068
TITLE	NAME	6.1 TITLE	VS
NAME	THOMPSON, MARK D	6.2 NAME	VanAuken, Bradley A
STREET ADDRESS	6954 AMERICANA PARKWAY	6.3 STREET ADDRESS	6954 Americana Parkway
CITY-ST-ZIP	REYNOLDSBURG OH	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)(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, changed, or on an attachment with an address.

SIGNATURE

Bradley A. Van Auken

CR2E034 (10/97)