

Requester's Name

Address

City/State/Zip

Phone #

F95000004944

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) (Document #)

700003903587--8  
-04/03/01-01008-021  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

2. \_\_\_\_\_ (Corporation Name) (Document #)

3. \_\_\_\_\_ (Corporation Name) (Document #)

4. \_\_\_\_\_ (Corporation Name) (Document #)

- Walk in
- Pick up time
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

01 APR - 9 AM 9:38  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

F95000004944  
FF Will 2/8  
Cert of Status  
Cert Copy 4-9-01

Examiner's Initials

2

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL  
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS  
IN FLORIDA**

CRSI SPV 20449, INC.  
\_\_\_\_\_  
(Name of Corporation)

DELAWARE  
\_\_\_\_\_  
(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

6954 AMERICANA PARKWAY  
\_\_\_\_\_

(Mailing Address)

REYNOLDSBURG, OH 43068  
\_\_\_\_\_

(City/ State /Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



\_\_\_\_\_  
Signature of the chairman or vice chairman of the board,  
president, or any officer.

Vice President  
\_\_\_\_\_  
Title

Tamra L. Potts  
\_\_\_\_\_

Typed or printed name

4/4/01  
\_\_\_\_\_

Date