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

~~PROFIT~~
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 19 AM 11:19

[redacted]

DOCUMENT # **F95000004945**

1. Corporation Name
CRSI SPV 20471, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/12/1995

4. FEI Number
31-1448105
[ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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 000002823920--0
-03/30/99--01066--015
84 City ****150.00 ****150.00
FL

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 title if applicable (NOTE: Registered Agent's signature required) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	[ ] DELETE	11 TITLE		[ ] Change [ ] Addition
NAME	BARTLING, JOHN B		12 NAME		
STREET ADDRESS	6954 AMERICANA PARKWAY		13 STREET ADDRESS		
CITY-ST-ZIP	REYNOLDSBURG OH 43068		14 CITY-ST-ZIP		
TITLE	VD	[ ] DELETE	21 TITLE	V/CFO/D	[X] Change [ ] Addition
NAME	THOMPSON, MARK D		22 NAME	Thompson, Mark D.	
STREET ADDRESS	6954 AMERICANA PKWY.		23 STREET ADDRESS		
CITY-ST-ZIP	REYNOLDSBURG OH 43068		24 CITY-ST-ZIP		
TITLE	V	[ ] DELETE	31 TITLE		[ ] Change [ ] Addition
NAME	KOEGLER, RONALD P		32 NAME		
STREET ADDRESS	6954 AMERICANA PKWY.		33 STREET ADDRESS		
CITY-ST-ZIP	REYNOLDSBURG OH 43068		34 CITY-ST-ZIP		
TITLE	VT	[ ] DELETE	41 TITLE	V/T/D	[X] Change [ ] Addition
NAME	SOSH, MICHAEL F		42 NAME	Sosh, Michael F.	
STREET ADDRESS	6954 AMERICANA PKWY.		43 STREET ADDRESS		
CITY-ST-ZIP	REYNOLDSBURG OH 43068		44 CITY-ST-ZIP		
TITLE	V	[ ] DELETE	51 TITLE	V/D	[X] Change [ ] Addition
NAME	SELID, PAUL R		52 NAME	Selid, Paul R.	
STREET ADDRESS	6954 AMERICANA PKWY.		53 STREET ADDRESS		
CITY-ST-ZIP	REYNOLDSBURG OH 43068		54 CITY-ST-ZIP		
TITLE	VS	[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME	VANAUKEN, BRADLEY A		62 NAME		
STREET ADDRESS	6954 AMERICANA PARKWAY		63 STREET ADDRESS		
CITY-ST-ZIP	REYNOLDSBURG OH 43068		64 CITY-ST-ZIP		

B. 3/24/99 99AR

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bradley A. VanAuken 3/18/99 614/242-3718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

CR2E034 (11/98)