

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

FILED

Mar 27 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000004949 (2)**

1. Corporation Name

**CRSI SPV 20129, INC.**



Principal Place of Business <b>6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068</b>	Mailing Address <b>6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068-4115</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/12/1995</b>	3a. Date of Last Report <b>04/05/1996</b>
21		26		4. FEI Number <b>31-1448114</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				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	<b>P/C/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTLING, JOHN B</b>	1.2 NAME	<b>Bartling, John B.</b>
STREET ADDRESS	<b>6954 AMERICANA PARKWAY</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>REYNOLDSBURG OH 43068</b>	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<b>V/CFO/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACKMORE, DAVID P</b>	2.2 NAME	<b>Thompson, Mark D.</b>
STREET ADDRESS	<b>6954 AMERICANA PARKWAY</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>REYNOLDSBURG OH 43068</b>	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOUDER, MICHELE R</b>	3.2 NAME	<b>Selid, Paul R.</b>
STREET ADDRESS	<b>6954 AMERICANA PARKWAY</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>REYNOLDSBURG OH 43068</b>	3.4 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOEGLER, RONALD P</b>	4.2 NAME	<b>Koegler, Ronald P.</b>
STREET ADDRESS	<b>6954 AMERICANA PARKWAY</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>REYNOLDSBURG OH 43068</b>	4.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AKIN, DAIN C</b>	5.2 NAME	<b>Meyer, Jeffrey D.</b>
STREET ADDRESS	<b>6954 AMERICANA PARKWAY</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>REYNOLDSBURG OH 43068</b>	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<b>V/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D THOMPSON, MARK D</b>	6.2 NAME	<b>Sosh, Michael F.</b>
STREET ADDRESS	<b>600 SUPERIOR AVE NE</b>	6.3 STREET ADDRESS	<b>6954 Americana Parkway</b>
CITY - ST - ZIP	<b>CLEVELAND OH 44114</b>	6.4 CITY - ST - ZIP	<b>Reynoldsburg, OH 43068</b>

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 required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: *Jeffrey D. Meyer* **JEFFREY D. MEYER** **REQUIRED SECRETARY** (614) 575-5223

CR2E034 (9/96)