

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004950 (0)

1. Corporation Name

CRSI SPV 20530, INC.



Principal Place of Business

6954 AMERICANA PKWY.
REYNOLDSBURG OH 43068

Mailing Address

6954 AMERICANA PKWY.
REYNOLDSBURG OH 43068

3. Date Incorporated or Qualified
10/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 600001770926
-04/05/96--01050--012

84 City

***5800.00

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

Signature typed or printed name of registered agent and if not applicable, (delete)

(delete) Registered Agent Signature required when submitting:

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	WEILER, ROBERT J	
STREET ADDRESS	41 S. HIGH ST.	
CITY- ST- ZIP	COLUMBUS OH 43215	
TITLE	VT	☐ DELETE
NAME	BLACKMORE, DAVID P	
STREET ADDRESS	6954 AMERICANA PKWY.	
CITY- ST- ZIP	REYNOLDSBURG OH 43068	
TITLE	VD	☒ DELETE
NAME	CARBONE, MICHAEL F	
STREET ADDRESS	6954 AMERICANA PKWY.	
CITY- ST- ZIP	REYNOLDSBURG OH 43068	
TITLE	VD	☒ DELETE
NAME	PAUSCH, ROBERT E	
STREET ADDRESS	6954 AMERICANA PKWY.	
CITY- ST- ZIP	REYNOLDSBURG OH 43068	
TITLE	VD	☒ DELETE
NAME	TRUBIANA, THOMAS	
STREET ADDRESS	6954 AMERICANA PKWY.	
CITY- ST- ZIP	REYNOLDSBURG OH 43068	
TITLE	VSD	☒ DELETE
NAME	BOWNAS, JAMES H	
STREET ADDRESS	6954 AMERICANA PKWY.	
CITY- ST- ZIP	REYNOLDSBURG OH 43068	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☐ Change ☒ Addition
1.2 NAME	John B. Bartling	
1.3 STREET ADDRESS	6954 Americana Parkway	
1.4 CITY- ST- ZIP	Reynoldsburg, OH 43068	
2.1 TITLE	V/D	☒ Change ☐ Addition
2.2 NAME	David P. Blackmore	
2.3 STREET ADDRESS	6954 Americana Parkway	
2.4 CITY- ST- ZIP	Reynoldsburg, OH 43068	
3.1 TITLE	V/D	☐ Change ☒ Addition
3.2 NAME	Michele R. Souder	
3.3 STREET ADDRESS	6954 Americana Parkway	
3.4 CITY- ST- ZIP	Reynoldsburg, OH 43068	
4.1 TITLE	V/T	☐ Change ☒ Addition
4.2 NAME	Ronald P. Koegler	
4.3 STREET ADDRESS	6954 Americana Parkway	
4.4 CITY- ST- ZIP	Reynoldsburg, OH 43068	
5.1 TITLE	AS	☐ Change ☒ Addition
5.2 NAME	Dain C. Akin	
5.3 STREET ADDRESS	6954 Americana Parkway	
5.4 CITY- ST- ZIP	Reynoldsburg, OH 43068	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	Mark D. Thompson	
6.3 STREET ADDRESS	600 Superior Ave NE	
6.4 CITY- ST- ZIP	Cleveland, OH 44114	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)

4.5-96