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Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 43068-4115



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
10/12/1995

3a. Date of Last Report
04/05/1996

4. FEI Number
31-1448130

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARTLING, JOHN B	
STREET ADDRESS	6954 AMERICANA APKWAY	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLACKMORE, DAVID P	
STREET ADDRESS	6954 AMERICANA PKWY.	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SOUDER, MICHELE R	
STREET ADDRESS	6954 AMERICANA PKWY.	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	KOEGLER, RONALD P	
STREET ADDRESS	6954 AMERICANA PKWY.	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	AKIN, DAIN C	
STREET ADDRESS	6954 AMERICANA PKWY.	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, MARK D	
STREET ADDRESS	600 SUPERIOR AVE NE	
CITY-ST-ZIP	CLEVELAND OH 44114	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bartling, John B.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sosh, Michael F.	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Selid, Paul R.	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Koegler, Ronald P.	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Meyer, Jeffrey D.	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V/CFO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Thompson, Mark D.	
6.3 STREET ADDRESS	6954 Americana Parkway	
6.4 CITY-ST-ZIP	Reynoldsburg, OH 43068	

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, if changed, or on an attachment with an address.

SIGNATURE:

JEFFREY D. MEYER
SECRETARY

Date

Daytime Phone #

(614) 575-5223

CR2E034 (9/96)