

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

FILED

Feb 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004950 (0)

1. Corporation Name  
CRSI SPV 21590, INC.

Principal Place of Business

6954 AMERICANA PKWY.  
REYNOLDSBURG OH 43068

Mailing Address

6954 AMERICANA PKWY.  
REYNOLDSBURG OH 43068

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/12/1995

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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

61 Name

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

63

64 City

FL

65 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 ☒ DELETE

NAME  
PCD  
BARTLING, JOHN B  
STREET ADDRESS  
6954 AMERICANA PARKWAY  
CITY-ST-ZIP  
REYNOLDSBURG OH

TITLE ☒ DELETE

NAME  
VT  
SOSH, MICHAEL F  
STREET ADDRESS  
6954 AMERICANA PKWY.  
CITY-ST-ZIP  
REYNOLDSBURG OH

TITLE ☒ DELETE

NAME  
VD  
SELID, PAUL R  
STREET ADDRESS  
6954 AMERICANA PKWY.  
CITY-ST-ZIP  
REYNOLDSBURG OH

TITLE ☒ DELETE

NAME  
V  
KOEGLER, RONALD P  
STREET ADDRESS  
6954 AMERICANA PKWY.  
CITY-ST-ZIP  
REYNOLDSBURG OH

TITLE ☒ DELETE

NAME  
SD  
MEYER, JEFFREY D  
STREET ADDRESS  
6954 AMERICANA PKWY.  
CITY-ST-ZIP  
REYNOLDSBURG OH

TITLE ☒ DELETE

NAME  
DFOV  
THOMPSON, MARK D  
STREET ADDRESS  
6954 AMERICANA PARKWAY  
CITY-ST-ZIP  
REYNOLDSBURG OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME  
PD  
Bartling, John B  
1.3 STREET ADDRESS  
6954 Americana Parkway  
1.4 CITY-ST-ZIP  
Reynoldsburg, OH 43068

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
VD  
Thompson, Mark D  
2.3 STREET ADDRESS  
6954 Americana Parkway  
2.4 CITY-ST-ZIP  
Reynoldsburg, OH 43068

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME  
V  
Kogler, Ronald P  
3.3 STREET ADDRESS  
6954 Americana Parkway  
3.4 CITY-ST-ZIP  
Reynoldsburg, OH 43068

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME  
VT  
Sosh, Michael F  
4.3 STREET ADDRESS  
6954 Americana Parkway  
4.4 CITY-ST-ZIP  
Reynoldsburg, OH 43068

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME  
V  
Selid, Paul R  
5.3 STREET ADDRESS  
6954 Americana Parkway  
5.4 CITY-ST-ZIP  
Reynoldsburg, OH 43068

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME  
VS  
VanAuken, Bradley A  
6.3 STREET ADDRESS  
6954 Americana Parkway  
6.4 CITY-ST-ZIP  
Reynoldsburg, OH 43068

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.

SIGNATURE:

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

0530210

CP2E034 (10/97)