

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

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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
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DOCUMENT # F95000004951 (8)

1. Corporation Name
CRSI SPV 20153, INC.



Principal Place of Business 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068	Mailing Address 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068-4115
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/12/1995	3a. Date of Last Report 04/05/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 31-1448108		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
		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 _____ DATE _____
(Signature typed in print or name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE BARTLING, JOHN B 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068	1.1 TITLE P/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bartling, John B.
TITLE VD	<input type="checkbox"/> DELETE BLACKMORE, DAVID P 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068	2.1 TITLE V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sosh, Michael F.
TITLE VD	<input type="checkbox"/> DELETE SOUDER, MICHELE R 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068	3.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Selid, Paul R.
TITLE VT	<input type="checkbox"/> DELETE KOEGLER, RONALD P 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068	4.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Koegler, Ronald P.
TITLE AS	<input type="checkbox"/> DELETE AKIN, AKIN C 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068	5.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Meyer, Jeffrey D.
TITLE D	<input type="checkbox"/> DELETE THOMPSON, MARK D 600 SUPERIOR AVE NE CLEVELAND OH 44114	6.1 TITLE V/CFO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thompson, Mark D. 6954 Americana Parkway 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 or is changed, or on an attachment with an address.

SIGNATURE: *Jeffrey D. Meyer* **JEFFREY D. MEYER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

(614) 575-5223

CR2E034 (9/96)