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FILED

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 # F95000004953 (4)

1. Corporation Name

CRSI SPV 20230, INC.



Principal Place of Business

Mailing Address

6954 AMERICANA PKWY  
REYNOLDSBURG OH 43068

6954 AMERICANA PKWY  
REYNOLDSBURG OH 43068-4115

3. Date Incorporated or Qualified

10/12/1995

3a. Date of Last Report

04/05/1996

4. FEI Number

31-1448119

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARTLING, JOHN B	
STREET ADDRESS	6954 AMERICANA PKWY	
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	SOUDE, MICHELE R	
STREET ADDRESS	6954 AMERICANA PKWY	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	KEOGLER, RONALD P	
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	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	AKIN, DAIN C	
STREET ADDRESS	6954 AMERICANA PARKWAY	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	

11 TITLE	P/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Bartling, John B.	
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Sosh, Michael F.	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Selid, Paul R.	
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Koegler, Ronald P.	
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	V/CRO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Thompson, Mark D.	
53 STREET ADDRESS	6954 Americana Parkway	
54 CITY-ST-ZIP	Reynoldsburg, OH 43068	
61 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Meyer, Jeffrey D.	
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED SECRETARY

Date

(614) 575-5223

Daytime Phone #

CR2E034 (9/96)