

**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 # **F95000004954 (2)**

1. Corporation Name

**CRSI SPV 20521, 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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**APPLIED FOR 31-1448109**

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)

**400001770924**

**-04/05/96--01050--012**

**\*\*\*5800-00**

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 registering)

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 **VSD**  DELETE

NAME **BOWNAS, JAMES H**  
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**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D**  Change  Addition

12 NAME **John B. Bartling**  
13 STREET ADDRESS **6954 Americana Parkway**  
14 CITY-ST-ZIP **Reynoldsburg, OH 43068**

2.1 TITLE **V/D**  Change  Addition

22 NAME **David P. Blackmore**  
23 STREET ADDRESS **6954 Americana Parkway**  
24 CITY-ST-ZIP **Reynoldsburg, OH 43068**

3.1 TITLE **V/D**  Change  Addition

32 NAME **Michele R. Souder**  
33 STREET ADDRESS **6954 Americana Parkway**  
34 CITY-ST-ZIP **Reynoldsburg, OH 43068**

4.1 TITLE **V/T**  Change  Addition

42 NAME **Ronald P. Koegler**  
43 STREET ADDRESS **6954 Americana Parkway**  
44 CITY-ST-ZIP **Reynoldsburg, OH 43068**

5.1 TITLE **AS**  Change  Addition

52 NAME **Dain C. Akin**  
53 STREET ADDRESS **6954 Americana Parkway**  
54 CITY-ST-ZIP **Reynoldsburg, OH 43068**

6.1 TITLE **D**  Change  Addition

62 NAME **Mark D. Thompson**  
63 STREET ADDRESS **600 Superior Ave NE**  
64 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: *Ronald P. Koegler* Vice President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(614) 575-5255  
Daytime Phone

CR2E034 (12/95)

4-5-96