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CORPORATION annual report

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000004954 (2)

FILED Mar 31 1997 8:00am Secretary of State

### Address #### Address ###################################	CRSI S	PV 20521, INC.								
REYNOLDSBURG OH 43088 REYNOLDSBURG OH 430884115 3. Date incorporated or Qualified 10/12/1995 3. Date incorporated or Qualified 10/12/1995 3. Date incorporated or Qualified 10/12/1996 4. FEI Number Applicable of Qualified 10/12/1996 3. Date incorporated or Qualified 10/12/1996 4. FEI Number Applicable of Qualified 22	Principal Place of Business Mailing Address			dress			T (BANKAN TITA FALAK ATAK ATAK ANAK ANAK ANAK ANAK ANAK AN			
2. Principal Pace of Business	1				1115					
25 Suite, Apt. #, etc Suite, Addition Suite, Apt. #, etc Suite							10/12/1995	1		eport
Suite, Apt. #, etc	2. Principal	Prace of Business	2a. Mailing	2a. Mailing Address			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		h	`````
City & State							31-1448109			
28 28 29 29 30 20 20 20 20 20 20 20	Suite, Ap	1. #, etc	— <u> </u>	tpt, #, etc.	-		6. Certificate of Status Desired			
Country Zip Country Zip Country Zip Country Standard This corporation has hability for intengible tax under s. 199.032, Provide Statutes X	City & Sta	ate		State			,			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 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 are familiar with and accept the obligations of. Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent are familiar with and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD	Zip						Florida Statutes 💢 🗸 No			
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 agent. Larn familiar with and accept the obligations of Sections 607.0502 and 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Larn familiar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Street Address (P.O. Box Number is Not Acceptable) ### City ### City ### Comparison of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Larn familiar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE ### Street Address (P.O. Box Number is Not Acceptable) ### City ### DATE		Name and Address of Cur	rent Registered Aç	gent			10. Name and Address of New R	egistered Age	int	
PLANTATION FL 33324 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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I arm familiar with and accept the obligations of. Section 607 0505, Florida Statutes. SIGNATURE Structure, byterio or predict name of registered agent and trin if applicable (NOTE Registered Agent algent eliginature required when renestating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 11 TITLE P/C/D BARTILING, JOHN B STREET ADDRESS CITY-ST-ZIP NAME BLACKMORE, DAVID P SIREET ADDRESS 6954 AMERICANA PARKWAY 1.3 STREET ADDRESS CITY-ST-ZIP DELETE 21 TITLE VD DELETE 21 TITLE VD DELETE 31 TITLE VD DELETE 31 TITLE VD DELETE 31 TITLE VD DELETE 31 TITLE VD Addition	CI	CORPORATION SYSTEM			81	Name				
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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 arn familiar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature: Typico or prented name of registered agent and tim if applicable (NOTE: Registered Agent signature required when reinstaing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE PD BARTLING, JOHN B STREET ADDRESS CITY-S1-7IP REYNOLDSBURG OH 43068 1.4 CITY-S1-7IP TILLE VD DELETE 1.1 TILLE P/C/D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.2 NAME Bartling, Jeffrey D. Change Addition NAME SUBMIT ADDRESS CITY-S1-7IP TILLE VD DELETE 2.1 TILLE V/T SUBMIT ADDRESS CITY-S1-7IP THE VD DELETE 3.1 TILLE V/D Change Addition Addition Addition					84	City			5 Zip (Code
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE L1.1 TITLE BARTLING, JOHN B STREEL ADDRESS CITY-S1-7IP TITLE VD DELETE STREEL ACRORESS CITY-S1-7IP TITLE VD Change Addition Addition Addition DELETE 3.1 TITLE V/D Addition Addition	agent. I	am familiar with and accept the ob-	oligations of Section	607.0505, Flori	da Statute	i.	,			
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		'-						Ar .	-	_ _

ST-ZIP CLEVELAND OH 44114

1 do hereby certify that the information supplied with this filling 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 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated appears in Block 12 or Blo

3.3 STREET ADDRESS

4.3 STREET ADORESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

S/D

V/CFO/D

4.4 CITY-ST-ZIP

Koegler, Ronald P.

Meyer, Jeffrey D.

Thompson, Mark D.

6954 Americana Parkway

3.4. CITY-ST-ZIP

4.1 THILE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

STREET ADORESS

STREET ADDRESS

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CITY-ST-ZIP

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TITLE

NAME

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NAME

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NAME

6954 AMERICANA PKWY.

KOEGLER, RONALD P

6954 AMERICANA PKWY.

6954 AMERICANA PKWY.

THOMPSON, MARK D

600 SUPERIOR AVE NE

REYNOLDSBURG OH 43068

REYNOLDSBURG OH 43068

REYNOLDSBURG OH 43068

Change

Change

* Change

Addition

Addition

Addition