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FILED
Mar 31 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 # 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 43068-4115**

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	22		4. FEI Number 31-1448109		Applied For <input type="checkbox"/> Not Applicable
23		27		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		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 **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bartling, Jeffrey D.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sosh, Michael F.	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Selid, Paul R.	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Koegler, Ronald P.	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Meyer, Jeffrey D.	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V/CFO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Thompson, Mark D.	
6.3 STREET ADDRESS	6954 Americana Parkway	
6.4 CITY-ST-ZIP	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, unchanged, or on an attachment with an address.

SIGNATURE: *Jeffrey D. Meyer* **JEFFREY D. MEYER** REQUIRED SECRETARY (614) 575-5223
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)