

FILE NOW; FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/12/1995	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Zip	30. Country	4. FEI Number 31-1448109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BARTLING, JEFFREY D		1.2 NAME	Bartling, John B			
STREET ADDRESS	6954 AMERICANA PARKWAY		1.3 STREET ADDRESS	6954 Americana Parkway			
CITY-ST-ZIP	REYNOLDSBURG OH		1.4 CITY-ST-ZIP	Reynoldsburg, OH 43068			
TITLE	VT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SOSH, MICHAEL F		2.2 NAME	Thompson, Mark D			
STREET ADDRESS	6954 AMERICANA PKWY.		2.3 STREET ADDRESS	6954 Americana Parkway			
CITY-ST-ZIP	REYNOLDSBURG OH		2.4 CITY-ST-ZIP	Reynoldsburg, OH 43068			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SELID, PAUL R		3.2 NAME	Koegler, Ronald P			
STREET ADDRESS	6954 AMERICANA PKWY.		3.3 STREET ADDRESS	6954 Americana Parkway			
CITY-ST-ZIP	REYNOLDSBURG OH		3.4 CITY-ST-ZIP	Reynoldsburg, OH 43068			
TITLE	V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KOEGLER, RONALD P		4.2 NAME	Sosh, Michael F			
STREET ADDRESS	6954 AMERICANA PKWY.		4.3 STREET ADDRESS	6954 Americana Parkway			
CITY-ST-ZIP	REYNOLDSBURG OH		4.4 CITY-ST-ZIP	Reynoldsburg, OH 43068			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MEYER, JEFFREY D		5.2 NAME	Selid, Paul R			
STREET ADDRESS	6954 AMERICANA PKWY.		5.3 STREET ADDRESS	6954 Americana Parkway			
CITY-ST-ZIP	REYNOLDSBURG OH		5.4 CITY-ST-ZIP	Reynoldsburg, OH 43068			
TITLE	CFO	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	THOMPSON, MARK D		6.2 NAME	VanAuken, Bradley A			
STREET ADDRESS	6954 AMERICANA PKWY		6.3 STREET ADDRESS	6954 Americana Parkway			
CITY-ST-ZIP	REYNOLDSBURG OH		6.4 CITY-ST-ZIP	Reynoldsburg, OH 43068			

14. I 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 checked, or on an attachment with an address.

SIGNATURE: *Bradley A. Van Auken*

CR2E034 (10/97)