

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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 # F95000004957 (5)

1. Corporation Name
CRSI SPV 20535, INC.

Principal Place of Business
6954 AMERICANA PKWY.
REYNOLDSBURG OH 43068

Mailing Address
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 31-1448121	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	P/C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLING, JOHN B	1.2 NAME	Bartling, John B.
STREET ADDRESS	6954 AMERICANA PARKWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKMORE, DAVID P	2.2 NAME	Sosh, Michael F.
STREET ADDRESS	6954 AMERICANA PKWY.	2.3 STREET ADDRESS	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUDER, MICHELE R	3.2 NAME	Selid, Paul R.
STREET ADDRESS	6954 AMERICANA PKWY.	3.3 STREET ADDRESS	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	3.4 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEGLER, RONALD P	4.2 NAME	Koegler, Ronald P.
STREET ADDRESS	6954 AMERICANA PKWY.	4.3 STREET ADDRESS	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	4.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKIN, DAIN C	5.2 NAME	Meyer, Jeffrey D.
STREET ADDRESS	6954 AMERICANA PKWY.	5.3 STREET ADDRESS	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	V/CFO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, MARK D	6.2 NAME	Thompson, Mark D.
STREET ADDRESS	600 SUPERIOR AVE NE	6.3 STREET ADDRESS	6954 Americana Parkway
CITY - ST - ZIP	CLEVELAND OH 44114	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, if changed, or on an attachment with an address.

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

CR2E034 (9/96)