FILE NOW BILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500004958 (3)

FILED Feb 25 1998 8:00am Secretary of State

CRSI	SPV 20546, INC.			14		
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Principal Dia	no la di di di di di n		····			
Principal Place of Business Mulling Address						
8954 AMERICANA PARKWAY REYNOLDSBURG OH 43066 REYNOLDSBURG OH 43068				'		
				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
				10/12/1995		
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 26 Suite, Apt #, etc.				31-1446926	Not Applicable	
22]				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	ato 117	City & State		6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zψ	Country	8. This corporation owes or has pa		
24	777. 125	29	30	Personal Property Tax due June	30. 🗌 Yes 🔲 No	
	Name and Address of Current T. COMPONETTION OVERTIME	registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	T COMPORATION SYSTEM		81 Name	r i da ka sa 1 da	ark. He was in a thing the	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable		
FL	PRINTING PL 33324		83		11.11.11.11.11.11.11.11.11.11.11.11.11.	
1	Established to		["]	£ 3		
			84 City		FI 85 Zip Code	
11. Pursuant	to the plovisions of Sections 607.0502	and 607 1508. Florida Statu	tes the above-named or	ornoration submits this statement for the p	Uracca of changing its registered	
office or	regilitered eigent, or both, in the State of	of Florida, Such change was	authorized by the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	t the appointment as registered	
SIGNATURE	N 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	rents on Shechem Cov. OSOO, 41	unua statutes.		į	
SIGNATIONE	Signature, hand or printed name of registered age of	Function diapplicable (NO)	II. Birgislered Agent signature re-	guired when re-instating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PCD	DELETE	1.1 TITLE	PD	Change Addition	
NAME	BARTLING, JOHN B		1.2 NAME	Bartling, John B		
STREET ADDRESS	6954 AMERICANA PARKWAY REYNOLDSBURG OH		1.3 STREET ADDRESS	6954 Americana Parkway		
CITY-ST-ZIP TITLE	ne inoruseung un	XI DELETE	1.4 CITY-ST-ZIP	Reynoldsburg, OH 43068		
NAME	SOSH, NICHAEL F	W) better	21 TITLE	VD	Change K Addition	
STREET ADDRESS	3		2.2 NAME	Thompson, Mark D 6954 Americana Parkway		
CITY-ST-ZIP	REYNOLDSBURG OH		2.3 STREET ADDRESS	Reynoldsburg, OH 43068	a si la di seri mencella	
TITLE	100	X DILETE	2.4 CITY-ST-ZIP 3.1 TITLE	V	Change X Addition	
NAME	SEUD, PAUL R	~	3 2 NAME	Koegler, Ronald P	Tara orange San Anguron	
STREET ADDRESS	6954 AMERICANA PARKWAY		3 3 STREET ADDRESS	6954 Americana Parkway		
CITY-ST-ZIP	REYNOLDSBURG OH		3.4. CITY-ST-ZIP	Reynoldsburg, OH 43068		
TITLE	V	X DECETE	41 TITLE	VT	Change K Addition	
NAME	KOEGLER RONALD P		4. 2 NAME	Sosh, Michael F		
STREET ADDRESS	6954 AMERICANA PARKWAY		4.3 STREET ADDRESS	6954 Americana Parkway		
CITY-ST-ZIP	REYNOLDSBURG OH	· · · · · · · · · · · · · · · · · · ·	4.4 CITY - ST - ZIP	Reynoldsburg, OH 43068		
TITLE	SD .	X DELETE	5.1 TITLE	V	Change Addition	
NAME	MEYER JEFFEY D		5.2 NAME	Selid, Paul R		
STREET ADDRESS	6954 AMERICANA PARKWAY		5.3 STREET ADDRESS	6954 Americana Parkway		
CITY - ST - ZIP	REYNOLDSBURG OH CFOV	DELETE	5 4 CITY - ST - ZIP	Reynoldsburg, OH 43068		
TITLE	THOMPSON, MARK D	XI DETERE	61 TITLE	VS	☐ Change ' 🔀 Addition	
NAME STREET ADDRESS	6954 AMERICANA PARKWAY		6.2 NAME	VanAuken, Bradley A		
STREET ADDRESS	REVIOUSERING OH		6.3 STREET ADDRESS	6954 Americana Parkway		

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 angual report or supplemental annual report is true and accurate and that my signature shall have the same legal affect as if made underjoath, that I am an officer or direction of 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 1331 or angual and the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE Pradlex O. Van linher

CR2E034 (10/9)