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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 # F95000004959 (1)

1. Corporation Name
CRSI SPV 20309, 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 31-1448113
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BARTLING, JOHN R
STREET ADDRESS 6954 AMERICANA PKWY
CITY- ST- ZIP REYNOLDSBURG OH 43068 ☐ DELETE

1.1 TITLE P/D/C
1.2 NAME Bartling, John B.
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP ☒ Change ☐ Addition

TITLE VD
NAME SOUDERE, MICHELE R
STREET ADDRESS 6954 AMERICANA PKWY
CITY- ST- ZIP REYNOLDSBURG OH 43068 ☐ DELETE

2.1 TITLE V/T
2.2 NAME Sosh, Michael F.
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP ☒ Change ☐ Addition

TITLE VT
NAME KOEGLER, RONALD P
STREET ADDRESS 6954 AMERICANA PKWY
CITY- ST- ZIP REYNOLDSBURG OH 43068 ☐ DELETE

3.1 TITLE V
3.2 NAME Koegler, Ronald P.
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP ☒ Change ☐ Addition

TITLE AS
NAME AKIN, DAIN C
STREET ADDRESS 6954 AMERICANA PKWY
CITY- ST- ZIP REYNOLDSBURG OH 43068 ☐ DELETE

4.1 TITLE S/D
4.2 NAME Mayer, Jeffrey D.
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP ☒ Change ☐ Addition

TITLE D
NAME THOMPSON, MARK D
STREET ADDRESS 600 SUPERIOR AVE NE
CITY- ST- ZIP CLEVELAND OH 44114 ☐ DELETE

5.1 TITLE D/CFO/V
5.2 NAME Thompson, Mark D.
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP ☒ Change ☐ Addition

TITLE VD
NAME BLACKMORE, DAVID P
STREET ADDRESS 6954 AMERICANA PARKWAY
CITY- ST- ZIP REYNOLDSBURG OH 43068 ☐ DELETE

6.1 TITLE V/D
6.2 NAME Salid, Paul R.
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP ☒ Change ☐ Addition

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. JEFFREY D. MEYER

SIGNATURE: *Jeffrey D. Meyer* REQUIRE SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(614) 575-5223

CR2E034 (9/96)