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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 # F95000004960 (9)

1. Corporation Name  
CRSI SPV 20405, 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 31-1448120	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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> DELETE
NAME	BARTLING, JOHN B	
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	VD	<input type="checkbox"/> DELETE
NAME	BLACKMORE, DAVID P	
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	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, MARK D	
STREET ADDRESS	600 SUPERIOR AVE NE	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	AKIN, DAIN C	
STREET ADDRESS	6954 AMERICANA PARKWAY	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bartling, John B.	
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	V/CFO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Thompson, Mark D.	
5.3 STREET ADDRESS	6954 Americana Parkway	
5.4 CITY-ST-ZIP	Reynoldsburg, OH 43068	
6.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Meyer, Jeffrey D.	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 or changed, or on an attachment with an address.

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

CR2E034 (9/96)