

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
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DOCUMENT # F95000004960 (9)

1. Corporation Name
CRSI SPV 20405, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6954 AMERICANA PKWY REYNOLDSBURG OH 43068	Mailing Address 6954 AMERICANA PKWY REYNOLDSBURG OH 43068
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3. Date Incorporated or Qualified 10/12/1995	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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

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. City
	84. State 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	PD
NAME	BARTLING, JOHN B	1.2 NAME	Bartling, John B
STREET ADDRESS	6954 AMERICANA PKWY	1.3 STREET ADDRESS	6954 Americana Parkway
CITY-ST-ZIP	REYNOLDSBURG OH	1.4 CITY-ST-ZIP	Reynoldsburg, OH 43068
TITLE	VT	2.1 TITLE	VD
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	3.1 TITLE	V
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	4.1 TITLE	VT
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	CFOV	5.1 TITLE	V
NAME	THOMPSON, MARK D	5.2 NAME	Selid, Paul R
STREET ADDRESS	6954 AMERICANA PARKWAY	5.3 STREET ADDRESS	6954 Americana Parkway
CITY-ST-ZIP	REYNOLDSBURG OH	5.4 CITY-ST-ZIP	Reynoldsburg, OH 43068
TITLE	SD	6.1 TITLE	VS
NAME	MEYER, JEFFREY D	6.2 NAME	VanAuken, Bradley A
STREET ADDRESS	6954 AMERICANA PARKWAY	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 changed, or on an attachment with an address.

SIGNATURE: *Bradley A. Van Auken*

CR2E034 (10/97)