

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004996 (3)

1. Corporation Name

CRSI SPV 20519, INC.



Principal Place of Business

6954 AMERICANA PKWY
REYNOLDSBURG OH 43068

Mailing Address

6954 AMERICANA PKWY
REYNOLDSBURG OH 43068

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

10/13/1995

3a. Date of Last Report

4. FEI Number

APPLIED FOR 31-1446925

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

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

300001770923

-04/05/96--01050--012

84. City

***5800.00

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 official capacity

(If filer is Registered Agent, signature required when filing statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	BOWNAS, JAMES H	
STREET ADDRESS	6954 AMERICANA PKWY	
CITY- ST- ZIP	REYNOLDSBURG OH 43068	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CARBONE, MICHAEL F	
STREET ADDRESS	6954 AMERICANA PKWY	
CITY- ST- ZIP	REYNOLDSBURG OH 43068	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	PAUSCH, ROBERT E	
STREET ADDRESS	6954 AMERICANA PKWY	
CITY- ST- ZIP	REYNOLDSBURG OH 43068	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	TRUBIANA, THOMAS	
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	P	<input checked="" type="checkbox"/> DELETE
NAME	WEILER, ROBERT J	
STREET ADDRESS	41 S HIGH ST	
CITY- ST- ZIP	COLUMBUS OH 43215	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John B. Bartling	
1.3 STREET ADDRESS	6954 Americana Parkway	
1.4 CITY- ST- ZIP	Reynoldsburg, OH 43068	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michele R. Souder	
2.3 STREET ADDRESS	6954 Americana Parkway	
2.4 CITY- ST- ZIP	Reynoldsburg, OH 43068	
3.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ronald P. Koegler	
3.3 STREET ADDRESS	6954 Americana Parkway	
3.4 CITY- ST- ZIP	Reynoldsburg, OH 43068	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dain C. Akin	
4.3 STREET ADDRESS	6954 Americana Parkway	
4.4 CITY- ST- ZIP	Reynoldsburg, OH 43058	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	David P. Blackmore	
6.3 STREET ADDRESS	6954 Americana Parkway	
6.4 CITY- ST- ZIP	Reynoldsburg, OH 43068	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *David P. Blackmore* Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(614) 575-5255

Daytime Phone #

CR2E034 (12/95)

4-6-96