[]

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT . CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS 1999 DOCUMENT # F9600002969

1. Corporation Name

CRSI SPV 95, INC.

Principal Place of Business		Mailing Address		
6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068		6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068		
2. Principal Place	of Business	2a. Mailing Addre	ess	
21 Suite, Apt. #, etc. 22				
City & State		City & State		
Zip	Country	Zip	Country	
24	25	29	30	
9	. Name and Address of Cu	rrent Registered Agent		

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 06/12/1996

4. FEI Number 31-1403285

Applied For Not Applicable \$8.75 Additional

5. Certificate of Status Desired 6. Election Campaign Financing

Fee Required \$5.00 May Be

Trust Fund Contribution

Added to Fees

This corporation owes the current year Intangible [] Yes Personal Property Tax 10. Name and Address of New Registered Agent

[No

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

KOEGLER, RONALD P

SOSH, MICHAEL F

SELID, PAUL R

6954 AMERICANA PARKWAY

REYNOLDSBURG OH 43068

6954 AMERICANA PARKWAY

REYNOLDSBURG OH 43068

6954 AMERICANA PARKWAY

REYNOLDSBURG OH 43068

6954 AMERICANA PARKWAY

VANAUKEN, BRADLEY A

	101	Name
	62	Street Ad
- 1	83	

84 City

dress (P.O. Box Number is Not Acceptable)

85 Zip Code

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 register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

32 NAME

41 TITLE

4 2 NAME

51 TITLE

5.2 NAME

61 TIFLE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

64 CITY-ST-ZIP

4.4 CITY-S1-7/P

54 CITY-ST-ZIP

34 City-St-ZiP

	Signature, typed or printed name of registered agent and little i	fapplicable (NOT	F. Registered Agent signature
12.	OFFICERS AND DIRE	CTORS	13.
TITLE	PD	☐ DELETE	1 1 TITLE
NAME	BARTUNG, JOHN B		1.2 NAME
STREET ADDRESS	6954 AMERICANA PARKWAY		1.3 STREET ADDRESS
CITY-ST-ZIP	REYNOLDSBURG OH 43068		14 CiTY-ST-ZiP
TITLE	VO	☐ DELETE	21 TITLE
NAME	THOMPSON, MARK D		2.2 NAME
STREET ADDRESS	1		23 STREET ADDRESS
CITY-ST-ZIP	REYNOLDSBURG OH 43068		2.4 CiTY-\$1-ZiP
TITUE	V	DELETE	3.1 TITLE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

300002799063----03/03/39--01044--001 ***2250.00 ****150.00

V/CFO/D Thompson, Mark D.

["I Change

[]] Add-Lon

[] Addition

V/T/D Sosh, Michael F.

V/D Selid, Paul R.

[] Addition **X**Change

REYNOLDSBURG OH 43068 CITY-ST-ZIP 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 a stachment with an address, with all to other like empowered

SIGNATURE:

SIGNATURE

NAME

TITLE

NAME

TITLE NAME

TTLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Vice President

(DELETE

[] DELETE

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2/18/99

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