FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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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 # **F96000003607 (6)**

1. Corporation Name
CRSI SPV 98, INC.

Principal Place of Business	Mailing Address
6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068	6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068-4115

3. Date Incorporated or Qualified: 07/17/1996
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 31-1403286 ☐ 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

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
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(S) (Typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARTLING, JOHN B		1.2 NAME		
STREET ADDRESS	6954 AMERICAN PARKWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	REYNOLDSBURG OH		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	V/T	☒ Change ☐ Addition
NAME	BLACKMORE, DAVID P		2.2 NAME	Sosh, Michael F.	
STREET ADDRESS	6954 AMERICAN PARKWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	REYNOLDSBURG OH		2.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	KOEGLER, RONALD P		3.2 NAME	Koegler, Ronald P.	
STREET ADDRESS	6954 AMERICAN PARKWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	REYNOLDSBURG OH		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE	V/D	☒ Change ☐ Addition
NAME	BYERS, TAMRA L		4.2 NAME	Selid, Paul R.	
STREET ADDRESS	6954 AMERICAN PARKWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	REYNOLDSBURG OH		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE	V/CFO/D	☒ Change ☐ Addition
NAME	THOMPSON, MARK D		5.2 NAME	Thompson, Mark D.	
STREET ADDRESS	6954 AMERICAN PARKWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	REYNOLDSBURG OH		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE	S/D	☒ Change ☐ Addition
NAME	SELID, PAUL R		6.2 NAME	Meyer, Jeffrey D.	
STREET ADDRESS	6954 AMERICAN PARKWAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	REYNOLDSBURG OH		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

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 #

0606154