

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 # F96000003607 (6)  
1. Corporation Name  
CRSI SPV 98, INC

Principal Place of Business  
6954 AMERICANA PARKWAY  
REYNOLDSBURG OH 43068

Mailing Address  
6954 AMERICANA PARKWAY  
REYNOLDSBURG OH 43068



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/17/1996		
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 31-1403286	Applied For <input type="checkbox"/> Not Applicable	
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. Name and Address of New Registered Agent				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		
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)		
83. City				84. 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 date) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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 PARKWAY	1.3 STREET ADDRESS	6954 Americana Parkway
CITY-ST-ZIP	REYNOLDSBURG OH	1.4 CITY-ST-ZIP	Reynoldsburg, OH 43068
TITLE	VP	2.1 TITLE	VD
NAME	SOSH, MICHAEL	2.2 NAME	Thompson, Mark D
STREET ADDRESS	6954 AMERICANA PARKWAY	2.3 STREET ADDRESS	6954 Americana Parkway
CITY-ST-ZIP	REYNOLDSBURG OH	2.4 CITY-ST-ZIP	Reynoldsburg, OH 43068
TITLE	V	3.1 TITLE	V
NAME	KOEGLER, RONALD P	3.2 NAME	Koegler, Ronald P
STREET ADDRESS	6954 AMERICANA PARKWAY	3.3 STREET ADDRESS	6954 Americana Parkway
CITY-ST-ZIP	REYNOLDSBURG OH	3.4 CITY-ST-ZIP	Reynoldsburg, OH 43068
TITLE	VD	4.1 TITLE	VT
NAME	SELID, PAUL R	4.2 NAME	Sosh, Michael F
STREET ADDRESS	6954 AMERICANA PARKWAY	4.3 STREET ADDRESS	6954 Americana Parkway
CITY-ST-ZIP	REYNOLDSBURG OH	4.4 CITY-ST-ZIP	Reynoldsburg, OH 43068
TITLE	VCFD	5.1 TITLE	V
NAME	THOMPSON, MARK D	5.2 NAME	Solid, 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, JEFFERY 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(9)(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, changed, or on an attachment with an address.

SIGNATURE: *Bradley A. Van Auken*

CR2E034 (10/97)