

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 # F96000005612 (4)

1. Corporation Name

CRSI SPV 1996 PW1, INC.

Principal Place of Business

6954 AMERICANA PKWY
RENOIDSBURG OH 43068

Mailing Address

6954 AMERICANA PKWY
RENOIDSBURG OH 43068



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1996	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 31-1482162	Applied For Not Applicable
23. Zip	28. Country	29. Zip	30. Country	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	PD
NAME	BARTLING, JOHN B JR	1.2 NAME	Bartling, John B
STREET ADDRESS	6954 AMERICANA PKWY	1.3 STREET ADDRESS	6954 Americana Parkway
CITY - ST - ZIP	RENOIDSBURG OH 43068	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	RENOIDSBURG OH	2.4 CITY - ST - ZIP	Reynoldsburg, OH 43068
TITLE	VCPD	3.1 TITLE	V
NAME	THOMPSON, MARK D	3.2 NAME	Koegler, Ronald P
STREET ADDRESS	6954 AMERICANA PKWY	3.3 STREET ADDRESS	6954 Americana Parkway
CITY - ST - ZIP	RENOIDSBURG 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	RENOIDSBURG OH	4.4 CITY - ST - ZIP	Reynoldsburg, OH 43068
TITLE	VD	5.1 TITLE	V
NAME	SELID, PAUL R	5.2 NAME	Solid, Paul R
STREET ADDRESS	6954 AMERICANA PKWY	5.3 STREET ADDRESS	6954 Americana Parkway
CITY - ST - ZIP	RENOIDSBURG OH 43068	5.4 CITY - ST - ZIP	Reynoldsburg, OH 43068
TITLE	SO	6.1 TITLE	VS
NAME	MEYER, JEFFREY D	6.2 NAME	VanAuken, Bradley A
STREET ADDRESS	6954 AMERICANA PKWY	6.3 STREET ADDRESS	6954 Americana Parkway
CITY - ST - ZIP	RENOIDSBURG 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)