

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

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005612

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

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current 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	
84	City
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 title if applicable (NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	BARTLING, JOHN B JR	12 NAME	
STREET ADDRESS	6954 AMERICANA PKWY	13 STREET ADDRESS	
CITY-ST-ZIP	RENOIDSBURG OH 43068	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	
NAME	THOMPSON, MARK D	22 NAME	
STREET ADDRESS	6954 AMERICANA PKWY	23 STREET ADDRESS	
CITY-ST-ZIP	RENOIDSBURG OH 43068	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	
NAME	KOEGLER, RONALD P	32 NAME	
STREET ADDRESS	6954 AMERICANA PKWY	33 STREET ADDRESS	
CITY-ST-ZIP	RENOIDSBURG OH 43068	34 CITY-ST-ZIP	
TITLE	VT	41 TITLE	
NAME	SOSH, MICHAEL F	42 NAME	
STREET ADDRESS	6954 AMERICANA PKWY	43 STREET ADDRESS	
CITY-ST-ZIP	RENOIDSBURG OH 43068	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	
NAME	SELID, PAUL R	52 NAME	
STREET ADDRESS	6954 AMERICANA PKWY	53 STREET ADDRESS	
CITY-ST-ZIP	RENOIDSBURG OH 43068	54 CITY-ST-ZIP	
TITLE	VS	61 TITLE	
NAME	VANAUKEN, BRADLEY A	62 NAME	
STREET ADDRESS	6954 AMERICANA PKWY	63 STREET ADDRESS	
CITY-ST-ZIP	RENOIDSBURG OH 43068	64 CITY-ST-ZIP	

V/CFO/D
Thompson, Mark D.

V/T/D
Sosh, Michael F.

V/D
Selid, Paul R.

100002799061-- 2
-03/03/99 - 01044--001
***2250.00 ***150.00

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

53599

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, with all other like empowered.

SIGNATURE: *Bradley A. Vanauken*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99

614/242-3718

APPROVED
AND
FILED

99 HAR -4 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	10/29/1996
4. FEI Number	31-1482162
5. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. Election Campaign Financing	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

025119

CR2E034 (11/98)