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PROFIT CORPORATION ANNUAL REPORT

1999

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

99 MAR -4 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006413

1. Corporation Name
CRSI SPV 1996 PW3, INC.

Principal Place of Business	Mailing Address
6954 AMERICANA PKWY. REYNOLDSBURG OH 43068	6954 AMERICANA PKWY. REYNOLDSBURG OH 43068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
12/09/1996

4. FEI Number
31-1486163
[ ] Applied For
[ ] Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	BARTLING, JOHN B JR		12 NAME	200002799062--- 5
STREET ADDRESS	6954 AMERICANA PKWY.		13 STREET ADDRESS	-03/09/99--01044--001
CITY-ST-ZIP	REYNOLDSBURG OH 43068		14 CITY-ST-ZIP	***2250.00 ****150.00
TITLE	VD	[ ] DELETE	21 TITLE	V/CFO/D [X] Change [ ] Addition
NAME	THOMPSON, MARK D		22 NAME	Thompson, Mark D.
STREET ADDRESS	6954 AMERICANA PKWY.		23 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068		24 CITY-ST-ZIP	
TITLE	V	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	KOEGLER, RONALD P		32 NAME	
STREET ADDRESS	6954 AMERICANA PKWY.		33 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068		34 CITY-ST-ZIP	
TITLE	VT	[ ] DELETE	41 TITLE	V/T/D [X] Change [ ] Addition
NAME	SOSH, MICHAEL F		42 NAME	Sosh, Michael F.
STREET ADDRESS	6954 AMERICANA PKWY		43 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068		44 CITY-ST-ZIP	
TITLE	V	[ ] DELETE	51 TITLE	V/D [X] Change [ ] Addition
NAME	SELID, PAUL R		52 NAME	Selid, Paul R.
STREET ADDRESS	6954 AMERICANA PKWY.		53 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068		54 CITY-ST-ZIP	
TITLE	VS	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME	VANAUKEN, BRADLEY A		62 NAME	
STREET ADDRESS	6954 AMERICANA PKWY.		63 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH 43068		64 CITY-ST-ZIP	

3-5-99

CR2E034 (11/98)

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 2/18/99 614/242-3718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #