

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 # F97000002232

1. Corporation Name
CRSI SPV 1996 PW4, INC.

Principal Place of Business
6954 AMERICANA PKWY.
REYNOLDSBURG OH 43068

Mailing Address
6954 AMERICANA PKWY.
REYNOLDSBURG 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	Country
24	Country	29	Zip
25		30	

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARTLING, JOHN B	
STREET ADDRESS	6954 AMERICANA PARKWAY	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMPSON, MARK D	
STREET ADDRESS	6954 AMERICANA PKWY.	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SELID, PAUL R	
STREET ADDRESS	6954 AMERICANA PKWY.	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SOUDER, MICHELE R	
STREET ADDRESS	6954 AMERICANA PKWY.	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KOEGLER, RONALD P	
STREET ADDRESS	6954 AMERICANA PKWY.	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SOSH, MICHAEL F	
STREET ADDRESS	6954 AMERICANA PKWY.	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

V/CFO/D
Thompson, Mark D.

V/D
Selid, Paul R.

V/S
Van Auken, Bradley A.
41 S. High St. #2410
Columbus, OH 43215

V/T/D
Sosh, Michael F.

APPROVED
AND
FILED

99 MAR -4 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

APPLIED FOR 31-4427382

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 owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

6141242-3718

CR2E034 (11/98)