

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000002334

FILED
Dec 12, 2007
Secretary of State

Entity Name: CROSS TELECOM CORPORATION

Current Principal Place of Business:

10900 NESBITT AVENUE S
BLOOMINGTON, MN 55437

New Principal Place of Business:

Current Mailing Address:

10900 NESBITT AVENUE S
BLOOMINGTON, MN 55437

New Mailing Address:

FEI Number: 41-1861853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LABOVITZ, BARRY
7980 SW 140TH TERRACE
MIAMI, FL 33158 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARRY LABOVITZ

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COUGHLIN, ROBERT
Address: 18950 MAGENTA BAY
City-St-Zip: EDEN PRAIRIE, MN 55347

Title: V () Delete
Name: PARKER, VICKI
Address: 6491 LANSDOWN DR
City-St-Zip: DIMONDALE, MI 48821

Title: T () Delete
Name: BEDNAR, DEAN
Address: 6328 W. SHADOW LAKE DR
City-St-Zip: LINO LAKES, MN 55014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: COUGHLIN, ROBERT
Address: 18950 MAGENTA BAY
City-St-Zip: EDEN PRAIRIE, MN 55347

Title: CFO (X) Change () Addition
Name: BEVILACQUA, MICHAEL
Address: 10900 NESBITT AVENUE SOUTH
City-St-Zip: BLOOMINGTON, MN 55437

Title: VT (X) Change () Addition
Name: HOFFMAN, KATHLEEN
Address: 10900 NESBITT AVE S
City-St-Zip: BLOOMINGTON, MN 55437

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN HOFFMAN

VT

12/12/2007

Electronic Signature of Signing Officer or Director

Date