

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002334

FILED  
Feb 20, 2009  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

02/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date