

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 10, 2017
Secretary of State
CC5724557264

Entity Name: CROSS INTERNATIONAL, INC.

Current Principal Place of Business:

600 SW 3 STREET, SUITE 2201
POMPANO BEACH, FL 33060

Current Mailing Address:

C/O CHARLES H. NAVE, P.C.
316 MOUNTAIN AVENUE SW
ROANOKE, VA 24016 US

FEI Number: 65-1086387

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARIN, MARIANA
600 SW 3RD STREET, SUITE 2201
POMPANO BEACH, FL 33060 US

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

Officer/Director Detail :

Title D
Name BROWN, JIM
Address 600 SW 3 ST STE 2201
City-State-Zip: POMPANO BEACH FL 33060

Title PD
Name CAVNAR, JAMES J
Address 600 SW 3 ST STE 2201
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR
Name WHITE, JOE DR
Address 600 SW 3 ST STE 2201
City-State-Zip: POMPANO BEACH FL 33060

Title D
Name DODD, REV. JIMMY
Address PO BOX 850333
City-State-Zip: SHAWNEE MISSION KS 66201

Title D
Name HARVEY, CLARENCE
Address 2077 E. HOUGHTON LAKE DR.
City-State-Zip: HOUGHTON LAKE MI 48629

Title D
Name BROWN, LINDA
Address 600 SW 3RD STREET
SUITE 2201
City-State-Zip: POMPANO BEACH FL 33060-9000

Title CONTROLLER
Name HOY, TIMOTHY
Address 600 SW 3 STREET, SUITE 2201
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR
Name PHILLIPS, BARNEY
Address 600 SW 3 STREET, SUITE 2201
City-State-Zip: POMPANO BEACH FL 33060

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES NAVE

REGISTRATION COUNSEL 01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FESTE, JOEY
Address 600 SW 3 STREET, SUITE 2201
City-State-Zip: POMPANO BEACH FL 33060

Title VP
Name SCHUTT, BRIAN
Address 600 SW 3 STREET, SUITE 2201
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR OF ADMINISTRATION
Name MANCINI, PATRICIA
Address 600 SW 3 STREET, SUITE 2201
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR
Name WALTON, WILL
Address 600 SW 3 STREET, SUITE 2201
City-State-Zip: POMPANO BEACH FL 33060

Title REGISTRATION COUNSEL
Name NAVE, CHARLES
Address C/O CHARLES H. NAVE, P.C.
316 MOUNTAIN AVENUE SW
City-State-Zip: ROANOKE VA 24016

Title DIRECTOR
Name HODGDON, BOB
Address 600 SW 3 STREET, SUITE 2201
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR
Name BORNE, DARRELL
Address 600 SW 3 STREET, SUITE 2201
City-State-Zip: POMPANO BEACH FL 33060

Title CFO
Name OROZCO, HENRY
Address 600 SW 3 STREET, SUITE 2201
City-State-Zip: POMPANO BEACH FL 33060