

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000280

**Entity Name:** COMMUNITY REINVESTMENT FUND,INC.

**Current Principal Place of Business:**

801 NICOLLET MALL  
1700W  
MPLS, MN 55402

**Current Mailing Address:**

801 NICOLLET MALL  
1700W  
MPLS, MN 55402 US

**FEI Number: 41-1616861**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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            PRESIDENT, CEO, DIRECTOR  
Name            ALTMAN, FRANK  
Address        801 NICOLLET MALL  
                  1700W  
City-State-Zip: MPLS MN 55402

Title            TREASURER, DIRECTOR  
Name            BATHRICK, ALTON  
Address        801 NICOLLET MALL  
                  1700W  
City-State-Zip: MPLS MN 55402

Title            SECRETARY  
Name            MARTYNIAK, SALLI  
Address        801 NICOLLET MALL  
                  1700W  
City-State-Zip: MPLS MN 55402

Title            DIRECTOR  
Name            LATIMER-NELLIGAN, KIMBERLY  
Address        801 NICOLLET MALL  
                  1700W  
City-State-Zip: MPLS MN 55402

Title            DIRECTOR  
Name            SOLEM, JIM  
Address        801 NICOLLET MALL  
                  1700W  
City-State-Zip: MPLS MN 55402

*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: FRANK ALTMAN**

**PRESIDENT**

**04/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date