

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004266

Entity Name: CROSSVILLE, INC.

Current Principal Place of Business:

346 SWEENEY DR.
CROSSVILLE, TN 38555

Current Mailing Address:

P.O. BOX 1168
CROSSVILLE, TN 38555

FEI Number: 36-2761853

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 CEVP
Name CURRAN, TIMOTHY J.
Address 7502 S. MAIN ST.
City-State-Zip: CRYSTAL LAKE IL 60014

Title VCVP
Name CURRAN, MICHAEL J.
Address 7502 S. MAIN ST.
City-State-Zip: CRYSTAL LAKE IL 60014

Title DEVP
Name CURRAN, DANIEL P.
Address 7502 S. MAIN ST.
City-State-Zip: CRYSTAL LAKE IL 60014

Title VPF
Name GALEY, DEWAYNE
Address 346 SWEENEY DR.
City-State-Zip: CROSSVILLE TN 38555

Title S
Name CURRAN, CATHERINE
Address 7502 S. MAIN ST.
City-State-Zip: CRYSTAL LAKE IL 60014

Title T
Name GIERKE, TODD
Address 7502 S. MAIN ST.
City-State-Zip: CRYSTAL LAKE IL 60014

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

SIGNATURE: DEWAYNE GALEY

CFO

01/28/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date