

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000005231

**FILED**  
**Jan 07, 2015**  
**Secretary of State**  
**CC1910550853**

**Entity Name:** CROSSROADS RV INC.

**Current Principal Place of Business:**

1140 W. LAKE STREET  
TOPEKA, IN 46571

**Current Mailing Address:**

P. O. BOX 40  
TOPEKA, IN 46571

**FEI Number:** 35-2121704

**Certificate of Status Desired:** Yes

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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           DIRECTOR  
Name           ORTHWEIN, PETER B  
Address        154 GUARDS RD.  
City-State-Zip: CONYERS FARM GREENWICH CT  
                  06831

Title           PRESIDENT  
Name           CRIPE, ANDREW W  
Address        8027 E. CHEROKEE ROAD  
City-State-Zip: SYRACUSE IN 46567

Title           VP, OF FINANCE  
Name           KLOSKA, MICHAEL I  
Address        51540 WETHERINGTON COURT  
City-State-Zip: GRANGER IN 46530

Title           SECRETARY  
Name           MEYERS, PENNY J  
Address        1627 E. LAKE DRIVE  
City-State-Zip: ELKHART IN 46514

*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:** MICHAEL I. KLOSKA

**VP OF FINANCE**

**01/07/2015**

Electronic Signature of Signing Officer/Director Detail

Date