

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32000

FILED
Apr 02, 2007
Secretary of State

Entity Name: NORTHWEST CROSSINGS CORPORATION

Current Principal Place of Business:

6400 POPLAR AVE
MEMPHIS, TN 38197

New Principal Place of Business:

Current Mailing Address:

6400 POPLAR AVE
ATTN: TAX DEPT
MEMPHIS, TN 38197 US

New Mailing Address:

FEI Number: 06-1309213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: D () Delete
Name: PARRS, MARIANNE M
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

Title: DCEO () Delete
Name: RONNIE, LEONARD H
Address: 3 PARAGON DRIVE
City-St-Zip: MONTVALE, NJ 07645

Title: D () Delete
Name: PARRS, MARIANNE M
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

Title: VPAT () Delete
Name: KLIMAN, THOMAS A
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

Title: AT () Delete
Name: WILLIAMSON, MICHAEL
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

Title: AS () Delete
Name: BAUER, PAULA S
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: PARRS, MARIANNE M
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

Title: D (X) Change () Addition
Name: GRILLET, ROBERT J
Address: 6400 POPLAR AVE
City-St-Zip: MEMPHIS, TN 38197

Title: D (X) Change () Addition
Name: LIEBETREU, DAVID A
Address: 6775 LENOX CENTER DOURT
City-St-Zip: MEMPHIS, TN 38115

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 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: MICHAEL WILLIAMSON

AT

04/02/2007

Electronic Signature of Signing Officer or Director

Date