

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002334

FILED
Feb 20, 2009
Secretary of State

Entity Name: CROSS TELECOM CORPORATION

Current Principal Place of Business:

10900 NESBITT AVENUE S
BLOOMINGTON, MN 55437

New Principal Place of Business:

Current Mailing Address:

10900 NESBITT AVENUE S
BLOOMINGTON, MN 55437

New Mailing Address:

FEI Number: 41-1861853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LABOVITZ, BARRY
7980 SW 140TH TERRACE
MIAMI, FL 33158 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: CEO () Delete
Name: COUGHLIN, ROBERT
Address: 18950 MAGENTA BAY
City-St-Zip: EDEN PRAIRIE, MN 55347

Title: CFO () Delete
Name: BEVILACQUA, MICHAEL
Address: 10900 NESBITT AVENUE SOUTH
City-St-Zip: BLOOMINGTON, MN 55437

Title: VT () Delete
Name: HOFFMAN, KATHLEEN
Address: 10900 NESBITT AVE S
City-St-Zip: BLOOMINGTON, MN 55437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: KATHLEEN HOFFMAN

VT

02/20/2009

Electronic Signature of Signing Officer or Director

_____ Date