

1.) CORPORATION NAME: Crossroads Resource Center, Inc.	DUE DATE: 9/30/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: REGISTERED AGENTS INC 4445 CORPORATION LN STE 264 VIRGINIA BEACH, VA	SCC ID NO: F1975707
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: MN	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7415 HUMBOLDT AVE S
CITY/ST/ZIP: MINNEAPOLIS, MN 55423

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: KEN METER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: PRESIDENT			
ADDRESS: 7415 HUMBOLDT AVE S			
CITY/ST/ZIP/CO: MINEAPOLIS, MN 55423			
NAME: THOMAS O'CONNELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: TREASURER			
ADDRESS: 5720 RUSSELL AVE S			
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55419			
NAME: CAROLYN CARR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: DIRECTOR			
ADDRESS: 4050 39TH AVE S			
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55406			
NAME: DAVID GAGNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: DIRECTOR			
ADDRESS: 3517 EAST 26TH ST			
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55406			

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KEN METER	KEN METER, PRESIDENT	7/17/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.