U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



1. File Number:

633

This report is mandatory under P.L. 86-257, as amended. Faiture to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

AMENDED

Person Filing					
Name and mailing address (include ZIP Code):			3. Any other address where records necessary to verify this report are kept:		
Name Michael D Pe	Name				
Title Partner			Title		
Organization The Crossroads Group		Organization			
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any			
Street 63 Via Pico Plaza, Suite 505			Street		
City San Clemente			City		
State California	ZIP Code + 4 92672	State		ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:					
Dec / 31 a. Individual b. Partnership c. Corporation d Other (Specify):					
Nature of Agreement or Arrangement					
6. Full name and address of employer with whom made (include ZIP Code):			7. Date entered into: 8 / 14 / 2007		
Name Joshua Frank			8	14 / 2007	
Organization DHL Express (USA), Inc.		Name of person(s) Ihrough whom made:			
Trade Name, if any			Name Joshua Frank		
P.O. Box, Bldg., Room No., if any			Name		
Street 1200 S. Pine Island Rd, Suite 600			Name		
City Plantation			Name		
State Florida ZIP Code + 4 333324		Name			
Signatures					
Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)					
13. Signed Michael Dana	President (If other title, see	14. Signed	alles C	Treasurer (If other title, see	
Title Other (Specify) instructions)		Title	Other (Specify	instructions)	
Partner			Partner		
On 01/25/2008 818-	999-5632	On	01/25/2008	949-248-0884	
Date T	Date Telephone Number		C-ate	Telephone Number	
Farm I M 20 (2002)	·				

Filer: Michael Penn The

The Crossroads Group

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:					
a. To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.					
b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.					
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):					
Payment of a flat consulting fee of \$61,750.00 plus travel and reasonable and customary expenses					
rayment of a fine computering fee of porposition plan travel and leasonable and customary expenses					
Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instructions):					
a. Nature of activity:					
To persuade employees to reject union representati	on				
to persuade emproyees to reject union representation					
11.b. Period during which performed:	11.c. Extent performed:				
08/14/2007 - 09/13/2007	Completed				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
•					
Name Michael D Penn	Name				
Organization The Crossroads Group	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any				
-					
Street 63 Via Pico Plaza, Suite 505	Street				
City San Clemente	City				
State California ZIP Code + 4 92672	State ZIP Code + 4				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
All package handlers in DHL's Allentown hub (Case	American Postal Workers Union				
4-RC-21327)					