

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90014 039 ***150.00

DOCUMENT # P29097

1. Entity Name
THE MARK TRAVEL CORPORATION

Principal Place of Business 8907 NORTH PORT WASHINGTON ROAD MILWAUKEE WI 53201-1460 US	Mailing Address 8907 NORTH PORT WASHINGTON ROAD MILWAUKEE WI 53217-1634 US
---	---

B0012512



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 36-3245217		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
SPENCER, MICHAEL 7200 LAKE ELLENOR DR SUITE 100 ORLANDO, 32809				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	---	---	------------------------------------

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMACCHIA, WILLIAM E.			NAME			
STREET ADDRESS	8907 N PT WASHINGTON RD			STREET ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIDDERS, KAREN			NAME			
STREET ADDRESS	8907 N PT WASHINGTON RD			STREET ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOMMERHAUSER, PETER M.			NAME			
STREET ADDRESS	780 N. WATER STREET			STREET ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMACCHIA, SHARON L.			NAME			
STREET ADDRESS	8907 N PT WASHINGTON RD			STREET ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOMMERHAUSER, PETER M.			NAME			
STREET ADDRESS	780 N. WATER STREET			STREET ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karen Sidders* *Peter Sommer* *Karen Sidders* 1/26/00 2470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)