## 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29097

**Entity Name: THE MARK TRAVEL CORPORATION** 

**Current Principal Place of Business:** 

MILWAUKEE. WI 53217

8907 NORTH PORT WASHINGTON ROAD

**Current Mailing Address:** 

8907 NORTH PORT WASHINGTON ROAD MILWAUKEE. WI 53217 US

FEI Number: 36-3245217 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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 Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title **VPTD** 

LA MACCHIA, WILLIAM E Name Name LA MACCHIA, WILLIAM JR. 8907 N PORT WASHINGTON RD Address 8907 N PORT WASHINGTON RD Address

City-State-Zip: MILWAUKEE WI MILWAUKEE WI 53217 City-State-Zip:

Title S Title **VPD** 

Name SCHAEFER, PETER J Name LA MACCHIA, SHARON L

Address 8907 N PORT WASHINGTON RD Address 8907 N PORT WASHINGTON RD

MILWAUKEE WI 53217 City-State-Zip: City-State-Zip: MILWAUKEE WI

Title \/P

LA MACCHIA, JENNIFER Name

8907 NORTH PORT WASHINGTON Address

**ROAD** 

City-State-Zip: MILWAUKEE WI 53217

I hereby 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 all other like empowered.

SIGNATURE: PETER J. SCHAEFER

Electronic Signature of Signing Officer/Director Detail

**SECRETARY** 

02/27/2017

**FILED** Feb 27, 2017

**Secretary of State** 

CC1097069954

Date