

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29097

Entity Name: THE MARK TRAVEL CORPORATION**Current Principal Place of Business:**8907 NORTH PORT WASHINGTON ROAD
MILWAUKEE, WI 53217**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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name LA MACCHIA, WILLIAM E
Address 8907 N PORT WASHINGTON RD
City-State-Zip: MILWAUKEE WI 53217

Title VPD
Name LA MACCHIA, SHARON L
Address 8907 N PORT WASHINGTON RD
City-State-Zip: MILWAUKEE WI

Title VP
Name LA MACCHIA, JENNIFER
Address 8907 NORTH PORT WASHINGTON ROAD
City-State-Zip: MILWAUKEE WI 53217

Title VPTD
Name LA MACCHIA, WILLIAM E JR.
Address 8907 N PORT WASHINGTON RD
City-State-Zip: MILWAUKEE WI

Title S
Name SCHAEFER, PETER J
Address 8907 N PORT WASHINGTON RD
City-State-Zip: MILWAUKEE WI 53217

Title VP
Name LINEX, TERRY
Address 8907 NORTH PORT WASHINGTON 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**SECRETARY****04/29/2015**

Electronic Signature of Signing Officer/Director Detail

Date