

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P29097

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC3756913748**

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

Title VPD  
Name LA MACCHIA, SHARON L  
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 LA MACCHIA, JENNIFER  
Address 8907 NORTH PORT WASHINGTON ROAD  
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