

2018 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	VPTD
Name	LA MACCHIA, WILLIAM 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

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****04/10/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date