

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001901

FILED
Mar 19, 2009
Secretary of State

Entity Name: ADELMAN TRAVEL SYSTEMS, INC.

Current Principal Place of Business:

6980 N PORT WASHINGTON
MILWAUKEE, WI 53217

New Principal Place of Business:

Current Mailing Address:

6980 N PORT WASHINGTON
MILWAUKEE, WI 53217

New Mailing Address:

FEI Number: 59-2247604 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRETH, SANDI
1547 DALLAM AVE, NW
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ADELMAN, CRAIG B
Address: 6980 N PORT WASHINGTON
City-St-Zip: MILWAUKEE, WI 53217

Title: EVP () Delete
Name: CLINE, STEVEN
Address: 6980 N PORT WASHINGTON RD
City-St-Zip: MILWAUKEE, WI 53217

Title: COO () Delete
Name: CHAIKEN, ROBERT M
Address: 6980 N PORT WASHINGTON RD
City-St-Zip: MILWAUKEE, WI 53217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: ADELMAN, CRAIG B
Address: 6980 N PORT WASHINGTON
City-St-Zip: MILWAUKEE, WI 53217

Title: COO (X) Change () Addition
Name: CLINE, STEVEN
Address: 6980 N PORT WASHINGTON RD
City-St-Zip: MILWAUKEE, WI 53217

Title: PRES (X) Change () Addition
Name: CHAIKEN, ROBERT M
Address: 6980 N PORT WASHINGTON RD
City-St-Zip: MILWAUKEE, WI 53217

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHELLE D BUGAJSKI

CONT

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date