

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001901

FILED
Jan 04, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

Title: SEC
Name: DE WITT BUGAJSKI, MICHELLE
Address: 6980 N PORT WASHINGTON RD
City-St-Zip: MILWAUKEE, WI 53132

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: MICHELLE DE WITT BUGAJSKI

CONT

01/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date