

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000247

FILED
Apr 23, 2012
Secretary of State

Entity Name: MEDICAL CONFERENCES INTERNATIONAL, INC.

Current Principal Place of Business:

1510 W. MONTANA ST.
CHICAGO, IL 60614

New Principal Place of Business:

Current Mailing Address:

16985 W. BLUEMOUND RD., SUITE 210
BROOKFIELD, WI 53005

New Mailing Address:

FEI Number: 34-1994134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD
Name: GOLDMAN, ROBERT M
Address: 1510 W. MONTANA ST.
City-St-Zip: CHICAGO, IL 60614

Title: DST
Name: KLATZ, RONALD M
Address: 1510 W. MONTANA ST.
City-St-Zip: CHICAGO, IL 60614

Title: D
Name: BUCH, NEVILLE
Address: 1 BUTTERWICK, 4TH FLOOR, METRO BLDG.
City-St-Zip: LONDON W6 8DL, ENGLAND,

Title: D
Name: EMSLIE, J. DOUGLAS
Address: 1 BUTTERWICK, 4TH FLOOR, METRO BLDG.
City-St-Zip: LONDON W6 8DL, ENGLAND,

Title: VP
Name: KROGULSKI, STEPHEN
Address: 16985 WEST BLUEMOUND RD, STE 210
City-St-Zip: BROOKFIELD, WI 53005 US

Title: VP
Name: FIASCA, KARL
Address: 16985 WEST BLUEMOUND RD. STE 210
City-St-Zip: BROOKFIELD, WI 53005 US

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: KARL FIASCA

VP

04/23/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date