

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000000247

**Entity Name:** MEDICAL CONFERENCES INTERNATIONAL, INC.

**Current Principal Place of Business:**

1510 W. MONTANA ST.  
CHICAGO, IL 60614

**FILED**  
**Apr 15, 2015**  
**Secretary of State**  
**CC8539464112**

**Current Mailing Address:**

175 NORTH PATRICK BLVD  
SUITE 180  
BROOKFIELD, WI 53045 US

**FEI Number: 34-1994134**

**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 GOLDMAN, ROBERT M  
Address 1510 W. MONTANA ST.  
City-State-Zip: CHICAGO IL 60614

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

Title VP  
Name KROGULSKI, STEPHEN  
Address 175 NORTH PATRICK BLVD  
SUITE 180  
City-State-Zip: BROOKFIELD WI 53005

Title VP  
Name SMITH, SIMON  
Address 175 NORTH PATRICK BLVD  
SUITE 180  
City-State-Zip: BROOKFIELD WI 53045

Title TREASURER  
Name SHERMAN, ANDREW  
Address 175 NORTH PATRICK BLVD  
SUITE 180  
City-State-Zip: BROOKFIELD WI 53045

*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: ANDREW SHERMAN**

**TREASURER**

**04/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date