

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211512647

1.) CORPORATION NAME:

**Livetravel Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

**RICHMOND, VA 23219**

DUE DATE: **6/30/2011**

SCC ID NO: **F1755141**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	2,000
COMB	7,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**WI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3300 BUSINESS PARK DR

CITY/ST/ZIP: STEVENS POINT, WI 54482-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JEFFREY RUTLEDGE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COB/DIRECTOR		
ADDRESS:	175 WATER ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-		
NAME:	SHELDON BRICKMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	80 PINE ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	JOHN M ROSE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3300 BUSINESS PARK DR		
CITY/ST/ZIP/CO:	STEVENS POINT, WI 54482-		
NAME:	SUSAN M CLARKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	180 MAIDEN LANE 27TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-		
NAME:	DEAN S. SIVLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3300 BUSINESS PARK DRIVE		
CITY/ST/ZIP/CO:	STEVENS POINT, WI 54482-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES D PAGE DIRECTOR 101 HUDSON STREET JERSEY CITY, NJ 07302-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TANYA E GEORGE SECRETARY 175 WATER STREET 18TH FLOOR NEW YORK, NY 10038-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES L KOZIOL TREASURER 3300 BUSINESS PARK DRIVE STEVENS POINT, WI 54482-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ TANYA E GEORGE</u>	<u>TANYA E GEORGE, SECRETARY</u>	<u>6/16/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.