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May 05 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05859

(4)

1. Corporation Name

U.S. COUNSELING SERVICES, INC.

Principal Place of Business

120 BISHOPS WAY
BROOKFIELD WI 53008-951
US

Mailing Address

120 BISHOPS WAY
BROOKFIELD WI 53005-6214
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

05/01/1985

3a. Date of Last Report

04/03/1996

4. FEI Number

39-1127174

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME BLUEMKE, DUANE H.
STREET ADDRESS 14245 PROVIDENCE LANE
CITY-ST-ZIP BROOKFIELD WI

☐ DELETE

TITLE VSD
NAME MILLER, CHRISTINE A
STREET ADDRESS 151 N 87 STREET
CITY-ST-ZIP WAUWATOSA WI

☐ DELETE

TITLE D
NAME BLUEMKE, DOROTHY
STREET ADDRESS 14245 PROVIDENCE LANE
CITY-ST-ZIP BROOKFIELD WI

☐ DELETE

TITLE D
NAME VODNIK, ANTHONY J.
STREET ADDRESS 5760 S. FOREST PARK DR.
CITY-ST-ZIP HALES CORNERS WI

☐ DELETE

TITLE VD
NAME JARVIS, TED H
STREET ADDRESS 301 JUDAH STREET, APT 304
CITY-ST-ZIP SAN FRANCISCO CA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1483 Hawthorne Drive
Delafield, WI 53018

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
David A. Bluemke
5169 Columbia Road
Columbia, MD 21044

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Duane H. Bluemke

Duane H. Bluemke, President 4/25/97 (414) 784-5600

CR2E034 (9/96)