

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 53008-951  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/01/1985

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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	<input type="checkbox"/> DELETE
NAME	BLUEMKE, DUANE H.	
STREET ADDRESS	14245 PROVIDENCE LANE	
CITY-ST-ZIP	BROOKFIELD WI	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MILLER, CHRISTINE A	
STREET ADDRESS	1483 HAWTHORNE DRIVE	
CITY-ST-ZIP	DELAFIELD WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLUEMKE, DOROTHY	
STREET ADDRESS	14245 PROVIDENCE LANE	
CITY-ST-ZIP	BROOKFIELD WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VODNIK, ANTHONY J.	
STREET ADDRESS	6760 S. FOREST PARK DR.	
CITY-ST-ZIP	HALES CORNERS WI	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JARVIS, TED H	
STREET ADDRESS	301 JUDAH STREET, APT 304	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLUEMKE, DAVID A	
STREET ADDRESS	5169 COLUMBIA ROAD	
CITY-ST-ZIP	COLUMBIA MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	129 La Goma Street
5.4 CITY-ST-ZIP	Mill Valley, CA 94941
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	5321 Wood Lot Road
6.4 CITY-ST-ZIP	Columbia, MD 21044

14. I 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: Christine A. Miller 4/17/98 (414) 781-5100

CR2E034 (10/97)