

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90048 027 ***150.00

DOCUMENT # P05859

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE VSD ☐ DELETE

NAME MILLER, CHRISTINE A
STREET ADDRESS 1483 HAWTHORNE DRIVE
CITY-ST-ZIP DELAFIELD WI

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME JARVIS, TED H
STREET ADDRESS 129 LA GOMA ST
CITY-ST-ZIP MILL VALLEY CA 94941

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BLUEMKE, DAVID A
STREET ADDRESS 5321 WOOD LOT ROAD
CITY-ST-ZIP COLUMBIA MD 21044

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

Date

(414) 784-5600

Daytime Phone #

CR2E034 (1/1/98)