

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05859

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 39-1127174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME BLUEMKE, DUANE H.  
STREET ADDRESS 4585 HEWITTS POINT ROAD  
CITY-ST-ZIP OCONOMOWOC, WI 53066-3314

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

TITLE PRESIDENT, DIRECTOR ☐ Change ☒ Addition  
NAME McFADDEN, SCOTT D.  
STREET ADDRESS 720 E. BRIARWOOD PLACE  
CITY-ST-ZIP WHITEFISH BAY, WI 53217

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

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME BLUEMKE, DOROTHY M.  
STREET ADDRESS 4585 HEWITTS POINT RD.  
CITY-ST-ZIP OCONOMOWOC, WI 53066-3314

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE TREASURER ☐ Change ☒ Addition  
NAME KRISTINE M. KNUDSEN  
STREET ADDRESS 14715 UPPER CAMERON DRIVE  
CITY-ST-ZIP BROOKFIELD, WI 53005

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 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

KRISTINE M. KNUDSEN 4/25/01(262)784-5600

Date

Daytime Phone #

CR2E034 (10/00)

05/12/2001

FILED  
May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90007 045 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE