

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90079 032 ***150.00

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

120 BISHOPS WAY

3. Mailing Address

120 BISHOPS WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BROOKFIELD, WI

City & State

BROOKFIELD, WI

4. FEI Number

39-1127174

Applied For

Not Applicable

Zip
53005

Country
US

Zip
53005

Country
US

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BLUEMKE, DUANE H.
 4585 MEWITTS POINT ROAD
 OCONOMOWOC WI 53066-3314** ☐ Delete

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BLUEMKE, DOROTHY
 4585 HEWITTS POINT RD
 OCONOMOWOC WI 53066-3314** ☐ Delete

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VICE PRESIDENT, DIRECTOR
 JARVIS, TED H
 37 COVE ROAD
 BELVEDERE, CA 94920** ☒ Change ☐ Addition

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

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

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: *Kristine M. Knudsen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02

(262) 784-5600

Date

Daytime Phone #

CR2E034 (9/01)