



FORM **18QNBV** Mandatory

This form must be accompanied by a WEDC
QNBV Recertification Notice current at the
time of submission

**Qualified New Business Venture
Foreign Corporation
Annual Report**

Required under sec. [180.1622](#), Wis. Stats.

Data in this report becomes public and
might be used for purposes other than for
which it was originally collected.

1 Name of entity:

Formed under the laws of:

2 Name of the registered agent and registered office address:

Name:

Address:

City:

State:

Zip:

Required Registered Agent Email

3 Principal office address:

Address:

City:

State:

Zip:

4 Name and business address of each director and principal officer (attach additional pages as needed)

Name:

Address:

Director Officer

City:

State:

Zip:

Name:

Address:

Director Officer

City:

State:

Zip:

Name:

Address:

Director Officer

City:

State:

Zip:

Name:

Address:

Director Officer

City:

State:

Zip:

Name:

Address:

Director Officer

City:

State:

Zip:

5 Brief description of the nature of the business:

6 Enter the information for all authorized shares (attach additional pages as needed)

Class (Common or Preferred)	Series (if any)	Number of Shares Authorized	Number of Shares Issued	Number of Shares Outstanding	Par Value (per share)

7 I certify that the entity has not entered into any contract, combination (in the form of a trust or otherwise), or conspiracy in restraint of trade or commerce.

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Mailing Address:

State of WI-Dept. of Financial Institutions
Box 93348
Milwaukee WI 53293-0348

Optional Expedited Service Add \$25.00