

CURRENCY EXCHANGE ANNUAL REPORT

Due Date:
February 15, 2023



State of Wisconsin
Department of Financial Institutions
Division of Banking
PO Box 7876
Madison, WI 53707-7876
Telephone: (608) 261-7578
FAX: (608) 267-6889

4822 Madison Yards Way
North Tower
Madison, WI 53705
www.wdfi.org

FOR YEAR ENDING DECEMBER 31, 2022

1. Name of licensee. If the licensee uses trade names or doing business as (DBA) names, include each DBA as well.

2. Contact information for person to whom questions regarding this report should be addressed:

| | | | | | |
|-------------|-----------|-------------------|---------|--------|--|
| First Name: | | Last Name: | | Title: | |
| Street: | | | City: | | |
| State: | Zip Code: | Telephone Number: | E-mail: | | |

3. Are office quarters of any licensed location shared with any other business? Yes No

If yes, identify the location and describe the type(s) of other business.

4. List any other activities conducted, services provided, or products sold at or from your licensed locations. Examples include, but are not limited to, bus pass sales, wire transfer services, phone card sales, photocopies, debit card sales, etc.

5. The currency exchange statutes require a licensee to keep, within the state of Wisconsin, the books, accounts, and records that will enable the division to determine if the licensee is complying with Wis. Stat. s. 218.05. Are the licensee's books, accounts, and records maintained at either its licensed Wisconsin offices or at another Wisconsin location that is readily accessible to the division? Yes No

If any of the books, accounts, or records are maintained at a location that does not hold a Wisconsin currency exchange license, identify that location below.

| | | |
|---------|--------------|-----------|
| Street: | | |
| City: | State: WI | Zip Code: |

6. Do you sell money orders at your licensed locations? Yes No

If yes, identify whose money orders you sell. _____

Notice: This form is required under Wis. Stat. s. 218.05. Refusal to provide this information may result in the denial of a license. Personally identifiable information on this form may be matched against tax information, outstanding child and family support data and law enforcement agencies. Failure to complete this form completely and accurately may result in denial or revocation of license, and any other penalties as provided by law.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

7. How frequently are checks, cashed by you, deposited to your bank account? _____

8. Provide the requested information for the banks where you deposit customer checks. Attach additional pages if necessary.

| | | | |
|------------------|-------|--------|-----------|
| Bank Name: | | | |
| Street: | City: | State: | Zip Code: |
| Account Numbers: | | | |

| | | | |
|------------------|-------|--------|-----------|
| Bank Name: | | | |
| Street: | City: | State: | Zip Code: |
| Account Numbers: | | | |

9. Complete the following table with information from the financial statements you will be attaching to this annual report form. See page 3 for additional information regarding the financial statements.

| | |
|--|----|
| Loans receivable from officers, employees & other related parties | \$ |
| Net Goodwill | \$ |
| Leasehold Improvements | \$ |
| Receivables more than 120 days past due (other than related party receivables) | \$ |
| Other Intangible Asset (please list each net of depreciation): | \$ |
| | \$ |

10. The following questions must be answered by a duly authorized representative (key officer, member, partner, or owner) of the licensee. Mark an "X" in the appropriate box. If you answer "Yes" to any question, give all details on a separate sheet. "Key Officers" include the CEO, COO, president, executive or senior vice president, secretary, and treasurer. If your company has not previously filed an annual report with the division, the questions should be answered for the time period since your license application was submitted.

Yes No

 Since filing your previous annual report, has any key officer, member, partner or owner been convicted of any misdemeanor or felony (other than minor traffic offenses) in this state or any other state? Provide details about the misdemeanor/felony, including but not limited to conviction, conviction date, penalty and court.

 Are there any felony or misdemeanor charges (other than minor traffic offenses) pending against any key officer, member, partner or owner in this state or any other state? Provide details about the pending charges, including but not limited to charge, date and court.

 Since filing your previous annual report, has the licensee or any key officer, member, partner or owner been the subject of disciplinary action including, but not limited to, civil forfeitures, cease and desist orders, injunctions, license suspensions, denials, revocations, warnings, reprimands, enforcement actions, probation and limitations by any federal or state regulatory agency? Provide details about the disciplinary action, including but not limited to date, regulatory agency and type of discipline.

 Is disciplinary action pending against the licensee or any key officer, member, partner or owner by any federal or state regulatory agency? Provide details, including but not limited to action and regulatory agency.

 Since filing your previous annual report, has the licensee or any key officer, member, partner or owner surrendered, resigned, cancelled or been denied a professional license or other credential in this state or any other state? Provide details, including but not limited to date, credential and state.

 Since filing your previous annual report, has the licensee or any key officer, member, partner or owner been the subject of derogatory credit (bankruptcy, judgment, tax lien, collections, etc.)? Provide details, including but not limited to date, circumstances and court or agency.

Yes No

- Since filing your previous annual report, has the licensee been the subject of any suit, claim, or other civil action in this state or any other state that involved a violation of the federal consumer credit protection act or any state statute that governs a credit transaction and that was settled, or included a ruling or decision not in the licensee's favor? Provide a description of the suit, claim, or other civil action, agency or court, date filed, and outcome.
- Is a suit, claim or other civil action pending against the licensee in this state or any other state that involves a violation of the federal consumer credit protection act or any state statute that governs a credit transaction? Provide details, including but not limited to agency or court and date.
- Since filing your previous annual report, has any key officer, member, partner or owner been the subject of any suit, claim, or other civil action in this state or any other state that was settled, or included a ruling or decision not in the individual's favor? Provide a description of the suit, claim, or other civil action, agency or court, date filed, and outcome.
- Is a suit, claim or other civil action pending against any key officer, member, partner or owner in this state or any other state? Provide details, including but not limited to agency or court and date.
- Since filing your previous annual report, have any key officers, members, partners, or owners of the licensee also been a key officer, member, partner, or owner of another company that was the subject of disciplinary action while that individual was a key officer, member, partner or owner of the other company? Disciplinary action includes, but is not limited to, civil forfeitures, cease and desist orders, injunctions, license suspensions, denials, revocations, warnings, reprimands, enforcement actions, probation, and limitations by any federal or state regulatory agency. Provide details about the disciplinary action, including but not limited to company name, date, regulatory agency, and type of discipline.

ATTACHMENTS

Check the box next to the items that you are attaching to your annual report. **All the items described below that are applicable to the licensee, must be received by the division on or before 2/15/2023. If ALL the required items are not received by 2/15/2023, the licensee will not be in compliance with the annual report requirement set forth in Wis. Stat. s. 218.05(14)(a).**

Attached N/A

- Required 1. **Financial statements**
Provide a balance sheet and income statement for the licensed entity that are dated no earlier than 9/30/22. If the licensee is organized as a partnership or sole proprietorship, also include the owner's personal financial statements.

All financial statements must be prepared in accordance with Generally Accepted Accounting Principles ("GAAP") using accrual basis accounting. Please ensure that the balance sheet discloses reconciled balances (not bank statement balances) and that total assets equal total liabilities plus total equity.
2. **Accountant prepared financial statements** - If the licensee has an independent accountant prepare reviewed or audited financial statements, the reviewed/audited financial statements should be submitted to the division in addition to the internally prepared financial statements requested above. If the reviewed/audited statements are not available by February 15th, please forward them as soon as they are available.
- Required 3. **Statement of ownership** - Provide a list that includes the name, title, resident mailing address and percentage of ownership for all individuals who own 10% or more of the licensee and the name, address, and percentage of ownership for all legal entities who own 10% or more of the licensee.
4. **List of key officers or key members** - Key officers/members include the CEO, COO, president, executive or senior vice president, secretary, and treasurer. The list should include the name, title, resident address, and telephone number.
5. **List of all general partners** if the licensee is organized as a *limited partnership*.
6. **List of all partners** if the licensee is organized as a *partnership*.

- Required 7. **Fee schedule** - Provide a schedule of fees charged for cashing checks, drafts, money orders or similar instruments.
- Required 8. **Summary of checks cashed** – Provide a list setting forth the following for each licensed location:
- The number of checks cashed during the year ending 12/31/2022.
 - The dollar amount of checks cashed during the year ending 12/31/2022.

AFFIDAVIT

I, _____, the undersigned, being the duly authorized representative of
 (Print Name of Key Officer/Member/Partner/Owner)

_____ hereby certify that each
 (Name of Licensee)

statement and representation in this annual report is true and correct to the best of my knowledge.

 (Signature of Key Officer/Member/Partner/Owner) (Title) (Date)

SUBSCRIBED AND SWORN TO BEFORE ME ON

THIS _____ DAY OF _____, _____.

 (Notary Public)

My Commission Expires: _____