

**CURRENCY EXCHANGE ANNUAL REPORT****Due Date:**  
**March 31, 2025**

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  
**dfi.wi.gov**

**FOR YEAR ENDING DECEMBER 31, 2024**

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

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2. Contact information for the 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.

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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.

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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. Provide the month and day of the licensee's fiscal year-end.

7. 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 fully and accurately provide the information required below may result in the revocation of a license. Personally identifiable information on this form may be matched against tax information, data regarding delinquent child and family support and unemployment insurance obligations, and law enforcement records. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

8. How frequently are checks, cashed by you, deposited into your bank account?

9. 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:			

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, including this 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, including this 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.

☐ ☐ 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, including this 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 by 3/31/2025.** If ALL the required items are not received by 3/31/2025, 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

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Required

1. **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.

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2. **List of key officers/members** (required if organized as a corporation or LLC) – the list should include, but not be limited to, the CEO, COO, president, executive or senior vice president, secretary, and treasurer, and should identify each individual’s name, title, resident address, and telephone number.

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3. **List of all general partners** (required if organized as a limited partnership) - the list should include each partner’s name, resident address, and telephone number.

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4. **List of all partners** (required if organized as a partnership) - the list should include each partner’s name, resident address, and telephone number.

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Required

5. **Fee schedule** - Provide a schedule of fees charged for cashing checks, drafts, money orders or similar instruments.

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Required

6. **Summary of checks cashed** – Provide a list setting forth the following for each licensed location:
- The number of checks cashed during the year ending 12/31/2024.
  - The dollar amount of checks cashed during the year ending 12/31/2024.

## CERTIFICATION

I hereby certify that the statements in this annual report are correct and true.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)

**Return completed reports to one of the following addresses:**

**E-mail:**

DFI\_LFS@wi.gov

**Mailing Address:**

Wisconsin Department of Financial Institutions  
P.O. Box 7876  
Madison, WI 53707-7876

**Courier Address:**

Wisconsin Department of Financial Institutions  
North Tower  
4822 Madison Yards Way  
Madison, WI 53705