Wis. Stat. s. 218.05.

CURRENCY EXCHANGE ANNUAL REPORT

Due Date: February 15, 2024



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, 2023

Contact	information for pe	erson to whom questions regardir	ng this report should	be addressed:	:
First Name:		Last Name: Title:		Title:	
Street:			City:		
State:	Zip Code:	Telephone Number:	E-mail:		
	-	licensed location shared with any and describe the type(s) of other			Yes
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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.

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 of been the subject of disciplinary action including, but not limited to, civil forfeitures, cease an orders, injunctions, license suspensions, denials, revocations, warnings, reprimands, enforcement probation and limitations by any federal or state regulatory agency, including this agency? Provide about the disciplinary action, including but not limited to date, regulatory agency and type of discip Is disciplinary action pending against the licensee or any key officer, member, partner or owner federal or state regulatory agency, including this agency? Provide details, including but not lineaction and regulatory agency. Since filing your previous annual report, has the licensee or any key officer, member, partner or surrendered, resigned, cancelled or been denied a professional license or other credential in this		Name	:			
Bank Name: Street:	Stree	et:		City:	State:	Zip Code:
Account Numbers: Complete the following table with information from the financial statements you will be attaching to this annual rece page 3 for additional information regarding the financial statements. Loans receivable from officers, employees & other related parties Net Goodwill Solution of the parties of the conditional parties of the	Acco	ount Nu	ımbers:	I		
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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.

<u>Y</u>	es <u>No</u>	
		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.
C] [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.
ATTACH	MENTS	
the licensee	e, must be	the items that you are attaching to your annual report. All the items described below that are applicable to received by the division on or before 2/15/2024. If ALL the required items are not received by 2/15/2024, e in compliance with the annual report requirement set forth in Wis. Stat. s. 218.05(14)(a).
Attached	<u>N/A</u>	
	Required	1. Financial statements Provide a balance sheet and income statement for the licensed entity that are dated no earlier than 9/30/23 and no later than 12/31/23. If the licensee is organized as a partnership or sole proprietorship also include the owner's personal financial statements.
		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

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 <u>and</u> the name, address, and percentage of ownership for all legal entities who own 10% or more of the licensee.

4. <u>List of key officers/members</u> (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.

List of all general partners (required if organized as a limited partnership) - the list should include

List of all partners (required if organized as a partnership) - the list should include each partner's

each partner's name, resident address, and telephone number.

name, resident address, and telephone number.

Required

	Required	7.	<u>Fee schedule</u> - Provide a schedul instruments.	le of fees charged for cashing checks, drafts, mo	oney orders or simila
	Required	8.	The number of checks cash	rovide a list setting forth the following for <u>each</u> hed during the year ending 12/31/2023. ks cashed during the year ending 12/31/2023.	licensed location:
			AFF	FIDAVIT	
I,(I	Print Name of	Key	Officer/Member/Partner/Owner)	_, the undersigned, being the duly authorized re	epresentative of
				hereb	y certify that each
			(Name of Licensee)		
statem	ent and repres	sentat	ion in this annual report is true and	correct to the best of my knowledge.	
(Signa	ture of Key O	ffice	r/Member/Partner/Owner)	(Title)	(Date)
SUBS	CRIBED AN	D SW	ORN TO BEFORE ME ON		
THIS	DA	Y OF			
(Notar	y Public)				
My Co	mmission Ev	nirec			