



FORM **110**

**Nonstock Corporation
Articles of Dissolution**

[Chapter 181 Sub XIV Wis. Stats.](#)

1. Name of Corporation: _____

2. Date the dissolution was authorized: _____

3. Was the dissolution approved by a sufficient vote of the board ([s. 181.1403 \(c\) Wis. Stat.](#))? Yes No

4. Identify the statutory grounds for dissolution under [s. 181 Wis. Stats.](#), by checking one of the boxes below:

[181.1403\(1\)\(d\) Wis. Stats.](#) – **Approval of dissolution by members is not required.**

Required Statement:

Dissolution was approved by a sufficient vote of the: Incorporators Board of directors

[181.1403\(1\)\(e\) & 181.1403\(1\)\(f\) Wis. Stats.](#) – **Approval of dissolution by members is required.**

Required Statement:

Dissolution was approved by a sufficient vote of the members of each class entitled to vote on dissolution.

Yes No

Written approval by 3rd person for dissolution of the nonstock corporation was obtained from the person whose approval is required by a provision of the articles of incorporation authorized under [s. 181.1030 Wis. Stats.](#)

Yes No Not Applicable

5. If the corporation is to retain the exclusive use of its name for less than 120 days after the effective date of its articles of dissolution, as provided in [s. 181.1405\(3\)](#) State the shorter period here: _____
(0 – 120 days)

6. This document was drafted by: _____

7. This document was executed on behalf of the business corporation on: _____
(MM/DD/YYYY)

(Print name of Individual who executed)

Check one title: Officer Incorporator Fiduciary

(Signature of individual who executed)

Submit this form along with the non-refundable filing fee of \$10.00 to the address listed below. Make remittance payable to the [Department of Financial Institutions](#). Optional expedited service: The non-refundable expedited service fee of \$25.00 is in addition to the filing fee required for this document to be processed, and provides the document will be processed in an expeditious manner. **For answers to frequently asked questions, please see: [Form 110 Instructions](#)**

This form may be used to accomplish a filing with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

Mailing Address:
State of WI – Dept. of Financial Institutions
Box 93348
Milwaukee WI 53293-0348

Physical Address for Express Mail/Courier:
Department of Financial Institutions
Division of Corporate & Consumer Services
201 W. Washington Ave – Suite 300
Madison WI 53703

Contact Information
Phone: 608-261-7577
Web: www.wdfi.org
TTY: 711



OFFICE USE ONLY



OPTIONAL

8. State the delayed effective date of the articles of dissolution under [s. 181.0123\(2\)](#).

This document has a delayed effective date of: _____
 (MM/DD/YYYY)

9. Contact information: _____
 (Name)

 (Address)

 (Phone Number)

 (City, State and Zip Code)

 (Email Address)

SAVE TIME AND MONEY!

SUBMIT YOUR

DISSOLUTION ONLINE AT

www.wdfi.org

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