

**DO NOT STAPLE**

Sec. 180.1007  
Wis. Stats.

State of Wisconsin  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
Division of Corporate & Consumer Services



**RESTATED ARTICLES OF INCORPORATION  
STOCK FOR-PROFIT CORPORATION**

The following restated articles of incorporation of

\_\_\_\_\_  
(Corporate name prior to any change effected by this restatement)

duly adopted pursuant to the authority and provisions of Chapter 180 of the Wisconsin Statutes, supersede and take the place of the existing articles of incorporation and any amendments thereto:

Article 1. Name of the corporation: \_\_\_\_\_

Article 2. The corporation is organized under Ch. 180 of the Wisconsin Statutes.

Article 3. The corporation shall be authorized to issue \_\_\_\_\_ shares.

Article 4. Name of the registered agent: \_\_\_\_\_

Article 5. Street address of the registered office: *(The complete address, including street and number, if assigned, and ZIP code. P O Box address may be included as part of the address, but is insufficient alone.)*

\_\_\_\_\_  
\_\_\_\_\_

Article 6. Other provisions (OPTIONAL):

**CERTIFICATE**

This is to certify that the foregoing restated articles of incorporation

- A.  Does not contain any amendment requiring shareholder approval and were adopted by the board of directors or incorporators.

**OR**

- B.  Contains one or more amendments to the articles of incorporation

(NOTE: Select and mark (X) for A. or B. above.

COMPLETE THIS SECTION only if you have marked “B” above.

Amendment(s) adopted on \_\_\_\_\_(Date)

*(Indicate the method of adoption by checking (X) the appropriate choice below.)*

- In accordance with sec. 180.1002, Wis. Stats. (By the Board of Directors)

**OR**

- In accordance with sec. 180.1003 and 180.1004, Wis. Stats. (By the Board of Directors and Shareholders)

**OR**

- In accordance with sec. 180.1005, Wis. Stats. (By Incorporators or Board of Directors, before issuance of shares)

C. Executed on \_\_\_\_\_ (Date) \_\_\_\_\_ (Signature)

Title:  President  Secretary  
or other officer title \_\_\_\_\_ (Printed name)

This document was drafted by \_\_\_\_\_ (Name the individual who drafted the document)

**INSTRUCTIONS** (Ref. sec. 180.1007 Wis. Stats. for document content)

<b>Please use BLACK ink. Submit one original along with the required filing fee of \$40.00 to the address listed below. Make checks payable to the “Department of Financial Institutions”. Filing fee is non-refundable. The original must include an original manual signature, per sec. 180.0120(3)(c), Wis. Stats.</b>		
<b>Mailing Address:</b> State of WI-Dept. of Financial Institutions Box 93348 Milwaukee WI 53293-0348	<b>Physical Address for Express Mail:</b> Department of Financial Institutions Division of Corporate & Consumer Services 201 W. Washington Ave – Suite 300 Madison WI 53703	Phone: 608-261-7577 TTY: 711

**NOTICE:** This form may be used to accomplish a filing required or permitted by statute to be made 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.

