



FORM **121**

**FOREIGN NON-STOCK CORPORATION
CERTIFICATE OF AUTHORITY APPLICATION**

Sec. 181.1503 Wis. Stats.

Indicate (X) below if the application is for a (A) ORIGINAL or (B) for an AMENDED certificate.

1. A. ORIGINAL certificate

Name of Corporation	2. State or Country of Incorporation
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1. B. AMENDED certificate (Enter the corporate name, state or country of organization, and date of incorporation, as changed or continued.) Complete all other items, except items 8.

Previous Name of Corporation (name under which it is currently registered in WI)	2. State or Country of Incorporation (old)
New or Continuing Name of Corporation	2. State or Country of Incorporation (new)

3. Date of Incorporation (MM/DD/YYYY)	4. Does the corporation have perpetual existence? <input type="checkbox"/> Yes <input type="checkbox"/> No, organized for a duration of _____ years
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5. Name of Registered Agent in Wisconsin
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6. Street address of Registered Office in Wisconsin		
City	State WI	Zip/Postal code

7. Address of Principal Office			
City	State/Province	Country	Zip/Postal code

8. Has the corporation transacted business in Wisconsin after December 31, 1998 without holding a Certificate of Authority?

No Yes If "Yes", complete supplement on page 3.

Office Use Only

SUPPLEMENT

Basic qualification fee	\$ <u>45.00</u>
PLUS back annual report fees (Each calendar year X \$15)	\$ _____
PLUS a penalty of \$50 for each year or portion of a year, after December 31, 1998, during which the corporation transacted business without a certificate of authority, but not more than \$500	\$ _____
TOTAL FILING FEE (post to item 12)	\$ _____

INSTRUCTIONS (Ref. sec. 180.1503 or 180.1504, Wis. Stats. for document content)

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with a check for the filing fee, payable to the department. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, please visit www.wdfi.org/contact_us/ for current physical address). This document can be made available in alternate formats upon request to qualifying individuals with disabilities. The original must include an original manual signature. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 711 for TTY.

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.

This application is appropriate for use by a foreign nonstock corporations, including nonprofit corporations,

⇒ **NOTE: Every application must be accompanied by a current CERTIFICATE OF STATUS**

(variously called “certificate of existence” or “certificate of good standing”), issued by the Secretary of State (or other official having custody of corporate records) under whose laws it is incorporated, attesting to the existence and status of the corporation. The certificate must be issued not more than 60 days prior to the date the document is received in this office, in condition for filing.

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1. (A) For an ORIGINAL certificate of authority, complete items A 1 and A 2 and items 3 thru 13. If the corporation has transacted business in Wisconsin without holding a certificate of authority, also complete and submit the **supplement ABOVE**. Respond to all items. If the answer to any item is “none”, enter that remark.
 1. (B) For an AMENDED certificate of authority, complete items B1, B2 and items 3 thru 7, 9 thru 13. Respond to all items. If the answer to any item is “none”, enter that remark. The certificate of status must be issued under the new or continuing name of the corporation. **A certified copy of the charter documents is not an acceptable substitute.**

CERTIFICATE OF AUTHORITY APPLICATION – FOREIGN NON-STOCK CORPORATION

▲ Please provide an email or postal mailing address for the filed copy of the document.

Your phone number during the day: _____

INSTRUCTIONS - continued

- 2 & 3. Enter the name of the state or country under whose laws the corporation is organized, and the date of incorporation.
4. Indicate whether the corporation has perpetual existence, or is organized for a term of years. If organized for a term of years, enter the duration of that term.
- 5 & 6. Enter the name of the corporation's registered agent and registered office in Wisconsin. The address of the registered office must describe its physical location, i.e., street name, number, city (in Wisconsin) and zip code. Failure to continuously maintain an agent and office may set grounds for revocation of the corporation's certificate of authority. Annual report forms, notices and other official communications are directed to the corporation's registered agent, so it is important to keep this information current. Request Form 13 to make a change of registered agent or registered office.
7. Enter the address of the corporation's principal office, inside or outside Wisconsin, where its principle executive offices are located.
8. Indicate if the corporation has, or has not, transacted business in Wisconsin without holding a certificate of authority. If the response is "Yes," complete Supplemental on page 3.
- 9 & 10. Provide the name and address of each of the corporation's officers and directors. If the corporation has no directors, indicate "None" in item 10.
11. Indicate if the corporation has members or does not have members.
12. Determine the filing fee appropriate to an application for an original certificate, an original certificate under the Supplement, or for an amended certificate.
13. The application is to be executed by an **officer** of the corporation. Print or type the name and title of the officer signing the application and the date it was signed.