



FORM **18QNBV** Mandatory

**Qualified New Business Venture
Foreign Corporation**

This form must be accompanied by a WEDC
QNBV Recertification Notice current at the
time of submission

Annual Report
Required under Ch. [180.1622](#) Wis. Stats.

Data in this report becomes public and
might be used for purposes other than for
which it was originally collected.

1 Name of Entity: _____

2 Formed under the laws of: _____

3 Name of the registered agent and registered office address:

Name:	Address:		
	City:	State: WI	Zip:

4 Principal office address:

Address:			
	City:	State:	Zip:

5 Name and business address of each director and principal officer: (attach additional pages as needed)

Name:	Address:		
<input type="checkbox"/> Director <input type="checkbox"/> Officer	City:	State:	Zip:

Name:	Address:		
<input type="checkbox"/> Director <input type="checkbox"/> Officer	City:	State:	Zip:

Name:	Address:		
<input type="checkbox"/> Director <input type="checkbox"/> Officer	City:	State:	Zip:

Name:	Address:		
<input type="checkbox"/> Director <input type="checkbox"/> Officer	City:	State:	Zip:

6 Please provide a brief description of the nature of business: _____

7 Has the entity entered into any contract, combination in the form of a trust or otherwise, or conspiracy in restraint of trade or commerce? Yes No

8 Enter the information for all authorized stocks: Information supplied in this report shall be current as of the close of the foreign corporation's fiscal year in the 12 months ending on the September 30 immediately before the due date of this annual report. (attach additional pages as needed)

Class (Common or Preferred)	Series (if any)	Number of Shares Authorized	Number of Shares Issued	Number of Shares Outstanding	Par Value (per share)

9 SIGNATURE SECTION

Printed Name: _____ Title: Officer Incorporator Fiduciary

Signature: _____ Date: _____

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

OFFICE USE ONLY