



FORM **18QNBV** Mandatory

**Qualified New Business Venture  
Foreign Corporation**

**This form must be accompanied by a WEDC  
QNBV Recertification Notice Cert. Period  
ending 3/31/2019**

**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:

Name:	Address:		
	City:	State:	Zip:

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

Name:	Address:		
£ Director      £ Officer	City:	State:	Zip:

Name:	Address:		
£ Director      £ Officer	City:	State:	Zip:

Name:	Address:		
£ Director      £ Officer	City:	State:	Zip:

Name:	Address:		
£ Director      £ 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-Depf. of Financial Institutions  
Box 93348  
Milwaukee WI 53293-0348

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