



FORM **24QNBV** **FOREIGN QUALIFIED NEW BUSINESS VENTURE
 WITHDRAWAL AND FINAL REPORT APPLICATION**
 Ch. 180, Wis. Stats.

1. Withdrawing entity:

Entity Name:		
Indicate (X) Entity Type	<input type="checkbox"/> Business corporation that is a “qualified new business venture” within the meaning of ch. 180, Wis. Stats. <i>Note: Different legal requirements apply, and different forms are available, for withdrawals of foreign limited liability partnerships under ch. 178 (form 124), foreign limited partnerships registered under ch. 179 (form 323), business corporations that are <u>not</u> “qualified new business ventures” under ch. 180 (form 24), foreign nonstock corporations registered under ch. 181 (form 124), and foreign limited liability companies registered under ch. 183 (form 524).</i>	Organized under the laws of <hr style="width: 10%; margin: 0 auto;"/> (state or country)

2. The withdrawing entity is not doing business in Wisconsin, and it hereby withdraws its registration to do business in the state.

3. The withdrawing entity consents to service of process as provided under s. 180.1510 (3) and (4) in any civil, criminal, administrative, or investigatory proceeding based on a cause of action arising during the time it was authorized to transact business in Wisconsin.

4. The authority of the withdrawing entity’s registered agent to accept service of process on its behalf is:
 revoked not revoked

5. The mailing address of the entity’s principal office, if different from that shown on the entity’s most recent annual report:

Street Address		PO Box	
City	State/Province	Country	Zip/Postal Code

6. The entity agrees to notify the Department of Financial Institutions of any future change in the address provided above.

Sign on the next page

Attestation: The undersigned has been authorized under governing law to sign this document on the withdrawing entity's behalf.

Signature: _____

Date: _____

Printed name of signer: _____

Title of signer: _____

Contact Information:

Name

Mailing Address

City

State

Zip Code

Email Address

Phone Number

INSTRUCTIONS 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. Please check box, and include additional \$25.00, if requesting optional expedited service. Filing fee is non-refundable. (If sent by Express or Priority U.S. mail, please mail to State of WI-Dept. of Financial Institutions, Division of Corporate and Consumer Services, 4822 Madison Yards Way, 4th Fl., North Tower, Madison WI, 53705.). This document can be made available in alternate formats upon request to qualifying individuals with disabilities. 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.