



FORM **113C**
Mandatory

**APPOINTMENT OF AGENT
UNINCORPORATED NONPROFIT ASSOCIATION**

Sec. [184.10](#), Wis. Stats.

1. Name of the association:
Note: the name must include the words "unincorporated association" or "unincorporated assoc." or end with the abbreviation "U.A." or "UA"

1a. (IF APPLICABLE) If the association has previously filed this form with the Department under a different entity name, enter the entity name under which the association previously filed this form:

2. Address of the association, including street name and number, city, state, and ZIP code:

3. Name of registered agent:	4. Street address of registered office in Wisconsin:
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4. Check the applicable box below:

Appointment - The person named in this statement has accepted the appointment to act as an agent authorized to receive service of process on behalf of the association.

Resignation - The above-named individual resigns as an agent of the unincorporated nonprofit association.

5. (IF APPLICABLE) Check the box below if this statement amends or restates a previously filed appointment of agent to receive service of process.

Amends - This statement supersedes and takes the place of any original, amended, or restated statement previously filed.

Restates - This statement supersedes and takes the place of any original, amended, or restated statement previously filed.

6. Date: _____

(Signature)

Title: _____

Office Use Only

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Contact Information:

Name		
Mailing Address		
City	State	Zip Code
Email Address		Phone Number

INSTRUCTIONS (Refer to section [184.10](#), 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 \$15.00 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, or by email at DFICorporations@dfi.wisconsin.gov.

This form is provided pursuant to section 184.10 of the Wisconsin Statutes, which provides that an unincorporated nonprofit association may appoint a person as agent to receive service of process by filing a statement with the Department of Financial Institutions on form provided by the department.

Item 1. Enter the current name of the unincorporated nonprofit association. Under section [184.10\(2\)\(a\)](#) of the Wisconsin Statutes, the name must contain the words “unincorporated association” or “unincorporated assoc.” or end with the abbreviation “U.A.” or “UA”.

Item 1a (IF APPLICABLE). If the association has previously filed an Appointment of Agent form with the Department under a different entity name, enter the former name under which it previously filed the form.

Item 2. If the association maintains an address in Wisconsin, enter that address in item 2. If the association does not have an address in Wisconsin, enter an out-of-state address for the association.

Item 3. If this form is being filed by an association appointing an agent (or amending or restating a previously filed appointment), provide the name and address of the agent designated by the association to receive service of process on its behalf. The address must reflect the agent’s physical location where process may be served in this state, i.e., street name, number, city, and ZIP code in Wisconsin.

If this form is being filed by a person resigning as an authorized agent for an association, enter your name and address as they appeared on the previously filed Appointment of Agent form that originally appointed you to serve as an agent for the association.

Item 4. Mark the applicable box to indicate whether the person identified in item 3 has accepted an appointment as an agent for the association, or whether that person is resigning as an agent for the association.

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Item 5 (IF APPLICABLE). If this form amends or restates an Appointment of Agent form that was previously filed by the association, indicate by marking the appropriate box. If the association is not amending or restating a prior filing, leave this item blank.

Item 6. Enter the date the statement is signed, the title of the signer, and a signature. If the “appointment” box in item 4 is checked, then the document must be signed by a person who is authorized to manage the affairs of the association. If the “resignation” box in item 4 is checked, then the document must be signed by the resigning agent.