

See instructions for completion
on the back of this form.

Annual Return

Business Corporations Act

Corporate Access No. _____ For Year Ending _____

Date of Incorporation, Continuance, Amalgamation or Registration _____
YEAR MONTH DAY

1. Name of Corporation

2. Address

3. Has there been any change of directors?

Yes No

4. If Yes, have Corporate Registry Records been updated?

Yes No If No, attach the update to this form.

5. SHAREHOLDER INFORMATION

6. CHANGES IN SHAREHOLDERS (if applicable)

Name and Address _____ % of voting shares issued _____	<input type="checkbox"/>	Name and Address _____ % of voting shares issued _____	<input type="checkbox"/>
Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>		Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>	
Name and Address _____ % of voting shares issued _____	<input type="checkbox"/>	Name and Address _____ % of voting shares issued _____	<input type="checkbox"/>
Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>		Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>	
Name and Address _____ % of voting shares issued _____	<input type="checkbox"/>	Name and Address _____ % of voting shares issued _____	<input type="checkbox"/>
Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>		Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>	
Name and Address _____ % of voting shares issued _____	<input type="checkbox"/>	Name and Address _____ % of voting shares issued _____	<input type="checkbox"/>
Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>		Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>	
Name and Address _____ % of voting shares issued _____	<input type="checkbox"/>	Name and Address _____ % of voting shares issued _____	<input type="checkbox"/>
Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>		Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>	

7. IMPORTANT NOTICE TO CORPORATION

Telephone Number Date

Authorized Signature
(for non-profit companies only)

Name and Title of Person Authorizing
(please PRINT)

Provide Identification (e.g. Operator's Licence)
(not applicable for non-profit companies)