

The Corporations Act  
**CORPORATE FILING REQUEST**



**A** Effective Date of articles or registration (**Optional**)  
 You may choose to have your articles or registration have an effective date that is up to 30 days in the future from the date that you filed the documents. Documents will be released **on or after** this date. If you wish this option, please enter the requested effective date in the space below. Verbal or other forms of requests will not be honoured. If this date is left blank, your articles or registration will be made effective the date that your documents were received by the Companies Office:

\_\_\_\_\_\ / \_\_\_\_\ / \_\_\_\_\ /  
 Day            Month            Year

**B** Expedited Service required (additional fees required)

**C** Current name of the corporation

\_\_\_\_\_  
 Business Number \_\_\_\_\_ and/or Registry Number \_\_\_\_\_

**D** Identify the form being filed:  
 Articles of \_\_\_\_\_  
 Application for \_\_\_\_\_  
 Other \_\_\_\_\_

If a Request for Name Reservation was filed, provide the Reservation Number

**E** Mailing Address for Annual Returns  
 NEW Corporations - If not completed, the **registered office address** will be recorded as the mailing address  
 EXISTING Corporations – If not completed, no changes will be made to the mailing address on record

**F** **Optional:** I wish to receive an e-mail notification to the following address when the annual return is due to be filed.

Note: In the event that the e-mail notification is undeliverable, the Annual Returns will be sent to the Mailing Address on record.

**G** Name and address of sender: \_\_\_\_\_ Contact person: \_\_\_\_\_  
 \_\_\_\_\_  
 Tel(8:30-4:30): \_\_\_\_\_  
 Fee enclosed: \_\_\_\_\_  
 Client Reference Number: \_\_\_\_\_

**H** OFFICE REPLY

Forms accepted, your copy is enclosed.

REMARKS \_\_\_\_\_  
 \_\_\_\_\_

Date \_\_\_\_\_ Signature for receipt \_\_\_\_\_

Return fee and two copies of forms to:  
 Companies Office, 1010-405 Broadway, Winnipeg, Manitoba R3C 3L6

Available in alternate formats, upon request

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**CHANGE OF NAME NOTATION**



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1. **Name to be noted:**

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2. Name and address to which duplicate should be returned (including postal code):

3. Name of Contact Person

Telephone (8:00-4:30)

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4. Former Noted Name:

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5. Date Name Change Occurred:

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6. Main Address where activity / undertaking is carried on:

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7. If the name in no. 1 above is being noted by another organization, please provide the organization's name and address:

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8. Provide the names and addresses of **two (2)** members or officers:

Full Name

Residence Address

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9. Signature

Please type individual's name:

**The signature of one of the registrants in no. 8 is required.**  
(Important: if the registrant is a corporation, the signature of a corporate officer and the office held is required.)

Office Held (if applicable):