

## The Corporations Act AMENDED \_\_\_\_ ANNUAL RETURN OF INFORMATION

BUSINESS NUMBER	2. JURISDICTION	3. DATE OF INCORPORATION OR AMALGAMATION	4. LAST ANNUALRETURN FILED
5 CORPORATION NAME & M	AILING ADDRESS (MAKE CI	HANGES IF NECESSARY IN THE SPACE PROVIDED)	
o. com om mon mana w m			
ANNUAL RETURN NOTIFI	CATIONS DV E MAII		
ANNUAL RETURN NOTHER	CATIONS BT E-MAIL		
YES, PLEASE SEND FU	JTURE ANNUAL RETURN	NOTIFICATIONS TO THE EMAIL ADDRESS BELOW:	
SECTION A – C	Complete all sect	tions	
1. MAIN TYPE OF BUSINI	ESS (MAKE CHANGES IF NE	CESSARY)	
2. REGISTERED OFFICE	ADDRESS		
IF THE ADDRESS HAS CHA	NGED, PROVIDE THE NEW A	ADDRESS TOGETHER WITH THE DATE OF CHANGE/_ Day	Month Year
3. DIRECTORS			
CURRENT DIRECTO	OR(S) ON RECORD -		
FULL NAM	1E	RESIDENCE ADDRESS	COMPLETE, IF APPLICABLE
		(PROVIDE MOST CURRENT RESIDENCE ADDRESS)	
			CEASED AS A DIRECTOR
			CEASED AS A DIRECTOR
			Day Month Year
			CEASED AS A DIRECTOR
		_	Day Month Year
			Day Monui 1 Cai
			CEASED AS A DIRECTOR
		_	Day Month Year
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NEW DIRECTOR(S), IF APPLICABLE - If insufficient space, attach a list with the required information					
FULL NAME	RESIDENCE ADDRESS (PROVIDE MOST CURRENT RESIDENCE ADDRESS)	COMPLETE, IF ADDING NEW DIRECTORS			
		APPOINTED AS A DIRECTOR //			
		APPOINTED AS A DIRECTOR			
		Day Month Year  APPOINTED AS A DIRECTOR			
4. OFFICERS – <u>CURRENT OFFICER(S) ON RECORD -</u>		Day Month Year			
FULL NAME	RESIDENCE ADDRESS (PROVIDE MOST CURRENT RESIDENCE ADDRESS)	POSITION HELD (i.e.: President, Secretary, etc.)			
CEASED TO BE AN OFFICER					
CEASED TO BE AN OFFICER					
(SELECT THIS BOX IF THERE ARE NO OFFICERS) NO OFFICERS APPOINTED AT THIS TIME					
NEW OFFICER(S), IF APPLICABLE – If insufficient space, attach a list with the required information					
FULL NAME	RESIDENCE ADDRESS (PROVIDE MOST CURRENT RESIDENCE ADDRESS)	POSITION HELD (i.e.: President, Secretary, etc.)			
SECTION B					
FULL NAME AND ADDRESS OF INDIVIDUAL APPOINTED AS THE ATTORNEY FOR SERVICE IN MANITOBA					
(Only the Address of the Attorney for Service (if appointed) can be changed on this form)					

SECTION C – Complete all sections				
I, being a/ar	n of the (Director, Officer, Agent)			
corporation, certify that the information is correct as of the last day of the corporation's anniversary month in the year for which this annual return is filed. I have the authority to sign this document on behalf of the corporation.				
Date:	Signature			
	Phone (Day):			
Send the completed, signed (in ink) form with a cheque (payable to the <b>Minister of Finance</b> ) or payment option form to the Companies Office, 1010-405 Broadway, Winnipeg, MB R3C 3L6. This form will be rejected if all required sections are not completed. Please make a copy for your records.				

MG-14269 (REV. 03/16)

Available in French, upon request.

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