

The Corporations Act AMENDED ANNUAL RETURN OF INFORMATION

BUSINESS NUMBER	2. JURISDICTION	3. DATE OF INCORPORATION OR AMAL	GAMATION	4. LAST ANNUALRETURN FILED
5. CORPORATION NAME & MA	AILING ADDRESS (MAKE CH	ANGES IF NECESSARY IN THE SPACE PROVIDED)		
ANNUAL RETURN NOTIFIC	CATIONS BY E-MAIL			
☐ YES, PLEASE SEND FU	TURE ANNUAL RETURN	NOTIFICATIONS TO THE EMAIL ADDRESS BELO	W:	
SECTION A – C	Complete all sect	ions		
1. MAIN TYPE OF BUSINE	FCC (MAVE CHANCES IE NEC	DECCADV)		
1. MAIN THE OF BUSINE	255 (MAKE CHANGES IF NEC	DESCART)		
2. REGISTERED OFFICE				
IF THE ADDRESS HAS CHAI	NGED, PROVIDE THE NEW A	DDRESS TOGETHER WITH THE DATE OF CHANGE	Day /	Month Year
			,	
3. DIRECTORS				
CURRENT DIRECTO	OR(S) ON RECORD -			
		DECIDENCE ADDRECC		COMPLETE IE ADDITICADI E
FULL NAM	.E.	RESIDENCE ADDRESS (PROVIDE MOST CURRENT RESIDENCE ADDRESS)		COMPLETE, IF APPLICABLE
			☐ CE	ASED AS A DIRECTOR
			——————————————————————————————————————	y Month Year
			Пс	ASED AS A DIRECTOR
			_ 01	AGED AG A DIRECTOR
			——————————————————————————————————————	y Month Year
				•
			☐ CE	ASED AS A DIRECTOR
				/
			Da	y Month Year

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			
		Day Month Year			
		APPOINTED AS A DIRECTOR			
		//			
		APPOINTED AS A DIRECTOR			
4 OPERCEDO		Day Month Year			
4. OFFICERS – <u>CURRENT OFFICER(S) ON RECORD -</u>					
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 insuf	ficient space, attach a list with the required informati	<u>on</u>			
FULL NAME RE	SIDENCE ADDRESS (PROVIDE MOST CURRENT RESIDENCE ADDRESS	(i.e.: President, Secretary, etc.)			
SECTION B - Complete all sections (if insufficient space, attach a list with the required information)					
1. DOES THE CORPORATION DISTRIBUTE SHARES	S TO THE PUBLIC (SELECT ONE):				
☐ YES ☐ NO					
	SSUED VOTING SHARES (MAKE CHANGES IF NECESSAI	RY)			
FULL NAME	NUMBER OF SHARES HELD	CLASS OF SHARE HELD			
NO SHAREHOLDERS AT THIS TIME, OR SHARES	NONE HOLDING 10% OR MORE OF THE ISSUED V	OTING			

SECTION C		
FULL NAME AND ADDRESS OF INDIVIDUAL	APPOINTED AS THE ATTORNEY FOR SERVICE IN M	MANITOBA
(Only the Address of the Attorney for Service (if appointed)	can be changed on this form)	
SECTION D – Complete all	sections	
I	. heinσ a/an	of the
Print Name	, being a/an (Director, Office	er, Agent)
annual return is filed. I have the authority	to sign this document on behalf of the corporation	•
Date:	Signature	
Date:		

MG-14269 (REV. 03/16)

Available in French, upon request.

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