

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



|                    |                 |  |                             |
|--------------------|-----------------|--|-----------------------------|
| 1. BUSINESS NUMBER | 2. JURISDICTION | 3. DATE OF INCORPORATION OR AMALGAMATION | 4. LAST ANNUAL RETURN FILED |
|--------------------|-----------------|--|-----------------------------|

5. CORPORATION NAME & MAILING ADDRESS (MAKE CHANGES IF NECESSARY IN THE SPACE PROVIDED)

  
  
  
  

ANNUAL RETURN NOTIFICATIONS BY E-MAIL

YES, PLEASE SEND FUTURE ANNUAL RETURN NOTIFICATIONS TO THE EMAIL ADDRESS BELOW:

**SECTION A – Complete all sections**

1. MAIN TYPE OF BUSINESS (MAKE CHANGES IF NECESSARY)

2. REGISTERED OFFICE ADDRESS

IF THE ADDRESS HAS CHANGED, PROVIDE THE NEW ADDRESS TOGETHER WITH THE DATE OF CHANGE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Day Month Year

3. DIRECTORS

**CURRENT DIRECTOR(S) ON RECORD –**

| FULL NAME | RESIDENCE ADDRESS<br>(PROVIDE MOST CURRENT RESIDENCE ADDRESS) | COMPLETE, IF APPLICABLE  |
|-----------|---|--|
|           |   | <input type="checkbox"/> CEASED AS A DIRECTOR<br>_____ / _____ / _____<br>Day Month Year |
|           |   | <input type="checkbox"/> CEASED AS A DIRECTOR<br>_____ / _____ / _____<br>Day Month Year |
|           |   | <input type="checkbox"/> CEASED AS A DIRECTOR<br>_____ / _____ / _____<br>Day Month Year |

**NEW DIRECTOR(S), IF APPLICABLE - If insufficient space, attach a list with the required information**

| FULL NAME | RESIDENCE ADDRESS<br>(PROVIDE MOST CURRENT RESIDENCE ADDRESS) | COMPLETE, IF ADDING NEW DIRECTORS   |
|-----------|---|---|
|           |   | <input type="checkbox"/> APPOINTED AS A DIRECTOR<br>_____ / _____ / _____<br>Day                      Month                      Year |
|           |   | <input type="checkbox"/> APPOINTED AS A DIRECTOR<br>_____ / _____ / _____<br>Day                      Month                      Year |
|           |   | <input type="checkbox"/> APPOINTED AS A DIRECTOR<br>_____ / _____ / _____<br>Day                      Month                      Year |

**4. OFFICERS –**

**CURRENT OFFICER(S) ON RECORD -**

| FULL NAME               | RESIDENCE ADDRESS<br>(PROVIDE MOST CURRENT RESIDENCE ADDRESS) | POSITION HELD<br>(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<br>(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 TO THE PUBLIC (SELECT ONE):

YES     NO

2. SHAREHOLDERS HOLDING 10% OR MORE OF ISSUED VOTING SHARES (MAKE CHANGES IF NECESSARY)

| FULL NAME | NUMBER OF SHARES HELD | CLASS OF SHARE HELD |
|-----------|-----------------------|---------------------|
|           |                       |                     |
|           |                       |                     |
|           |                       |                     |

NO SHAREHOLDERS AT THIS TIME, OR NONE HOLDING 10% OR MORE OF THE ISSUED VOTING SHARES

