

The Business Names Registration Act
RENEWAL



Please COMPLETE this Renewal & return with prescribed FEE before expiry date. If it is not filed, this registration will expire on _____

1) Business name and address (include postal code) to which duplicate should be returned, and future renewals will be mailed

2) The place of business is (make changes if necessary)

3) Original date of registration

4) The main type of business is (make changes if necessary)

5) Registrant(s) on file

Full Name	Residence Address (change address if necessary)

A schedule is attached with names and addresses of additional registrants.

6) Signature <small>(If registrant is a corporation, signature of corporate officer and office held is required.)</small>	Name and Phone # of Contact Person (8:30-4:30)

FOR OFFICE USE ONLY	Cash Register Endorsement
Business Number: _____	
Date of Filing: _____	
This registration is renewed for 3 years until _____	

INSTRUCTIONS



A Business Renewal must be filed every three years. If you fail to file the renewal before the expiry date, the business name expires. Please contact this office if you want to renew your business and it has already expired.

FEE AND EXPIRY DATE – Please pay by cash, money order or cheque before the expiry date. **DO NOT SEND CASH BY MAIL.** Post-dated cheques cannot be accepted.

1 – BUSINESS NAME AND MAILING ADDRESS – The Business name must remain the same. If you decide to change the Business Name, you must file a new name reservation and a Change of Business Name (Form 7). If the mailing address is different, please indicate the new address.

2 – THE PLACE OF BUSINESS IS – If the business address indicated is different, please note the correct address. The address should be in Manitoba.

3 – ORIGINAL DATE OF REGISTRATION – Cannot be changed.

4 – THE MAIN TYPE OF BUSINESS – If the main type of business is not correct or has changed, please make any necessary changes.

5 – REGISTRANT(S) – Must remain the same. No changes in membership can be made on this form. If this is a Limited Partnership only the General Partner(s) name and address will appear. If there has been a change, please contact this office for more information.

ADDITIONAL REGISTRANTS – If there are more than seven partners, then not all their names will have been pre-printed on this form. In that case, attach a schedule with the names and address of the remaining registrants. It is **not** necessary to attach a list with the names and addresses of the Limited Partners. As noted in #6, no changes in membership may be made on this form.

6 – SIGNATURE – Must be signed in ink. Only one signature is required. If the registrant is a corporation, we require the signature of a signing officer and an indication of their office held.

ANY QUESTIONS? Call (204) 945-2500
HOURS: 8:00 – 4:30, Monday to Friday

The Corporations Act
REQUEST FOR SERVICE



A Name and address of sender _____	Contact person _____
	Tel(8:00-4:30) _____
	Fee enclosed \$ _____

B Current name of the corporation _____
Business Number _____

C IF YOU ARE FILING ARTICLES OR AN APPLICATION, PLEASE IDENTIFY THE FORM BEING FILED:
<input type="checkbox"/> Articles of Incorporation
<input type="checkbox"/> Articles of _____
<input type="checkbox"/> Application for Registration
<input type="checkbox"/> Application for Supplementary Registration
<input type="checkbox"/> Other _____

D IF YOU WANT CERTIFICATES AND/OR COPIES, PLEASE IDENTIFY THE DESIRED ITEM(S):
<input type="checkbox"/> Certificate of status <input type="checkbox"/> File Summary
<input type="checkbox"/> Certificate of search
<input type="checkbox"/> Photocopy of _____
<input type="checkbox"/> Certified copy of _____

E EXPEDITED SERVICE (additional fees required)
<input type="checkbox"/> Expedited Service Required

F OFFICE REPLY
<input type="checkbox"/> Forms accepted, your copy enclosed.
<input type="checkbox"/> Requested item(s) enclosed.
REMARKS _____

	SIGNATURE FOR RECEIPT
--	------------------------------

OFFICE USE ONLY
Corporation Number: _____

RETURN FEE AND TWO COPIES OF FORM TO:
COMPANIES OFFICE
1010-405 BROADWAY
WINNIPEG, MANITOBA, R3C 3L6
(204) 945-2500
MG10235 (REV.DEC/02)

The Business Names Registration Act
CHANGE OF BUSINESS NAME



PLEASE PRINT OR TYPE.

1) New business name		
2) Name and address to which duplicate should be returned (include postal code)		3) Contact person, if different from registrant
Tel. (8:00-4:30)		
4) Former business name (as registered)		
5) Date name change occurred		
6) The place of business is (full address, including postal code)		
7) The main type of business is		

Declaration:
The business name being registered is not that of another known firm, company, corporation or unincorporated association, or a name liable to be confounded or confused with the other name, or otherwise objectionable on public grounds.

8) Registrant(s) on file	Residence address	Signature
Full name		
<input type="checkbox"/> A schedule is attached with the names, addresses and signatures of additional registrants.		

OFFICE USE ONLY
Date of Filing: _____
Date of Expiry Remains: _____
Registration Number: _____
Business Number: _____

Cash Register Endorsement

The Corporations Act
NOTICE OF CHANGE OF REGISTERED OFFICE



NAME OF CORPORATION

Address (include postal code)

Notice is hereby given that on _____ the location or address of the registered office of the above corporation was changed to: _____ (Date)

(Full address giving street number and postal code, and if multi-office building, give room number)

Date _____

(Signature of officer of the corporation)

Business Number _____

OFFICE USE ONLY

Corporation Number: _____

The Corporations Act
NOTICE OF CHANGE OF DIRECTORS



NAME OF CORPORATION

Address (include postal code)

Notice is hereby given that on _____ the following persons ceased to be directors of the above corporation:
(Date)

FULL NAME	ADDRESS	OCCUPATION

Notice is hereby given that on _____ the following persons became directors of the above corporation:
(Date)

FULL NAME	ADDRESS	OCCUPATION

Date _____

(Signature of officer of the corporation)

Business Number _____

OFFICE USE ONLY Corporation Number: _____

1. Name of Corporation	2. Business Number
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The corporation is no longer carrying on its business or undertaking in Manitoba and requests its registration be cancelled pursuant to Section 194(1)(a).

Date	Signature	Description of Office
------	-----------	-----------------------

OFFICE USE ONLY Corporation Number: _____

The Business Names Registration Act
REGISTRATION OF A BUSINESS NAME



PLEASE PRINT OR TYPE.

1) Business Name	
2) Name and Address (include postal code) to which duplicate should be returned and Renewals will be mailed	3) Contact person, if different from registrant
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<hr/> <hr/> Tel. (8:30-4:30)

4) (a) Does this business have a Business Number? (Please click on box to select.)

Yes No

(b) If the answer to (a) is "yes," please set out the Business Number.

5) The place of business is (full address, including postal code)

6) The date of start of business (cannot be more than 30 days in future)

7) The main type of business is

Declaration:

The business name being registered is not that of another known firm, company, corporation or unincorporated association, or a name liable to be confounded or confused with the other name, or otherwise objectionable on public grounds. No other firm, person or corporation is associated in partnership with the registrant(s).

8) If more than one registrant is listed in item 9, please answer the following question. (Please click on box to select.)

Is this a partnership?

Yes

No

9) Registrant(s)

Full Name

Residence Address

Signature

A schedule is attached with the names, addresses and signatures of additional registrants. (Please click on box to select.)

OFFICE USE ONLY

Date of Registration:

Date of Expiry:

Registration Number:

Business Number:

Cash Register Endorsement

Schedule of Additional Registrants

Registrant(s) Full Name	Residence Address	Signature
		<hr/>
		<hr/>
		<hr/>
		<hr/>
		<hr/>



INSTRUCTIONS FOR REGISTERING A BUSINESS NAME Under The Business Names Registration Act

STEP 1: RESERVING THE NAME

Before a business name can be registered, a Request for Name Reservation must be filed to determine if the name is available for use. Please read the notes on the reverse side of that form.

Form Required

Request for Name Reservation

Filing Fee

\$40.00

In addition to the traditional paper application that is still available, a Request for Name Reservation can be filed online at <https://direct.gov.mb.ca/coohtml/html/internet/en/coo.html>.

If your name is **reserved**, you will have 90 days to file the Business Registration forms by following Step 2 below. If your name is **rejected**, you must choose a new name and do Step 1 over again (including fee).

STEP 2: REGISTERING THE BUSINESS NAME

Forms Required (in duplicate)

Form # 1 Registration of a Business Name
Power of Attorney (if required)

Filing Fees

\$45.00
\$30.00

Notice under The Freedom of Information and Protection of Privacy Act

Information about this business is collected pursuant to *The Business Names Registration Act*. It is made available for public searching pursuant to that Act. Information will be shared with other government departments and the Minister of National Revenue pursuant to *The Electronic Commerce and Information Act* for the purposes of obtaining a Business Number (BN) for this company and administering a common business numbering and information system. If you have any questions about its collection, contact: The Director, Companies Office, 1010-405 Broadway, Winnipeg, MB, R3C 3L6 or phone (204) 945-2500.

When is a Power of Attorney Required?

A Power of Attorney form will be needed if the registration form shows all the people registering the business name living outside of Manitoba. This person must be willing to accept all legal documents on behalf of the business in Manitoba. This person does not need to be a lawyer, but he or she must live in Manitoba.

Special Notes

- All forms must be typed or printed clearly and signed in ink.
- If your business is a partnership, the name, address and signatures of all partners is required.

PAYMENT OPTIONS

If you are filing the Name Reservation (paper applications only) and Registration forms together:

- If paying by **cheque**, please ensure there are two separate cheques (or **money orders**), payable to the **Minister of Finance**. If not, the office cannot process your forms and will need to send everything back.
- If paying by **credit card**, your signature on this form authorizes us to process two separate transactions.

If paying by Credit Card, please return this bottom portion with your forms.

Name Reservation \$40.00 Registration \$45.00 Power of Attorney \$30.00

Visa MasterCard

Card # _____ Expiry Date _____ Signature _____

Where to Send the Forms and Fees

COMPANIES OFFICE
Woodsworth Building
1010-405 Broadway
Winnipeg, MB R3C 3L6

Any Questions?

Telephone: (204) 945-2500 **Fax:** (204) 945-1459
Toll Free in Manitoba: 1-888-246-8353
E-Mail: companies@gov.mb.ca
Website: http://www.gov.mb.ca/finance/cca/comp_off/index.html
Hours: 8:00 – 4:30 Monday to Friday



GUIDELINES FOR COMPLETION OF REGISTRATION OF A BUSINESS NAME UNDER THE BUSINESS NAMES REGISTRATION ACT.

PLEASE NOTE:

These guidelines are to help in the completion of the registration of a business name. These guidelines are not a substitute for legal advice. Please read the attached instruction sheet for full information.

- Every section of the forms must be completed. If they are not, the forms will not be accepted.
- All forms must be typed or clearly printed.

SECTION 1 – BUSINESS NAME

1. The name of the business must be completed. The business name must match the reserved name exactly.
2. Except for a numbered business name, you must have a valid name reservation. Use the REQUEST FOR NAME RESERVATION form.

SECTION 2 – THE NAME AND MAILING ADDRESS

1. The name and address, including the postal code to which the duplicate should be returned and renewals will be mailed.

SECTION 3 – CONTACT PERSON AND PHONE NUMBER

1. A contact person and phone number (during working hours) must be shown.

SECTION 4 – DOES THIS BUSINESS HAVE A BUSINESS NUMBER? (BN) (The BN is assigned by Canada Customs and Revenue Agency (CCRA).

The registrant(s) of this business name may already have a BN if they answer yes to any of the following questions:

- Have you previously registered a business name?
- Have you registered to remit retail sales tax, health and post secondary education tax, or corporate capital tax?
- Have you ever collected GST?
- Have you ever had annual sales greater than \$30,000?
- Will a corporation be the registrant of this business name?
- Have you ever had employees?
- Have you ever been in the import or export business?
- Will a registered charity be the registrant of this business name?
- Have you ever operated a taxi or limo service?

If you answered Yes to any of those questions, please ensure that the Business Number you already have, was assigned to same registrants as are currently registering for this business name. Business Numbers are assigned to sole proprietors, partnerships, corporations, or “other” business structures. For example, a BN assigned to a sole proprietor can not be used by a partnership, even if the sole proprietor is a partner.

- If none, write “not applicable” or N/A.

SECTION 5 – THE PLACE OF BUSINESS

1. The full business address must be shown.
2. We can accept a post office box, providing the form also shows one civic address. However if the location is a small town, a mailing address is acceptable, P.O. Box 34, Melita, MB R0J 0M0.
3. A place of business outside of Manitoba can be shown when there is no Manitoba address available.

SECTION 6 – THE DATE OF START OF BUSINESS

1. The date should be a day, month and year. It **cannot** be over 30 days in the future.

SECTION 7 – THE MAIN TYPE OF BUSINESS

1. The nature of business must be indicated. It must be specific and state the exact nature of business. e.g. miscellaneous is not acceptable.

SECTION 8 – IF MORE THAN ONE REGISTRANT IS LISTED IN SECTION #9.

Is this a partnership?

A partnership exists where two or more persons carry on a business in common, with a view of profit. Whether or not the relationship between the persons registering this business name constitutes a “partnership” is a legal question. If you are unsure, please speak to your lawyer

SECTION 9 – FULL NAME OF REGISTRANT(S)

1. Must show the full name (not just initials) and residential address of all registrant(s). An officer or director must sign on behalf of the corporation.
2. If there are no registrants residing in Manitoba, a Power of Attorney form must be filed in duplicate with an additional fee of \$30.00.

The Business Names Registration Act
POWER OF ATTORNEY



A. TO BE COMPLETED BY REGISTRANT(S)

1) Business name	
2) Names of registrant(s) in full	
3) Name and address of attorney for service	
Date	Signature of <u>one</u> registrant
<p>Take notice that the registrant(s) of this business appoint the above as his/her/their true and lawful attorney, within Manitoba. The attorney shall accept service of process or be served in any suit or proceeding and receive all lawful notices. The attorney shall perform any required acts relating to these matters within the scope of this power of attorney.</p> <p>Until due notice of the appointment of a subsequent attorney has been given to and accepted by the Director under <i>The Business Names Registration Act</i>, service or process of papers and notices may be made upon this attorney. This service shall be accepted by the registrant as sufficient service.</p>	

B. TO BE COMPLETED BY APPOINTED ATTORNEY FOR SERVICE

1) Name and address of appointed attorney for service in full	
I agree to act as the attorney for service for the above registrant(s).	
Date	Signature

OFFICE USE ONLY
Date of Filing: _____
Registration Number: _____
Business Number: _____

Cash Register Endorsement



The Corporations Act
Loi sur les corporations
REQUEST FOR NAME NOTATION
DEMANDE POUR L'INSCRIPTION D'UN NOM

Please Print or Type / Veuillez écrire en caractères d'imprimerie ou dactylographier.

1. Name to be noted: / Nom à inscrire :	
2. Name and address to which duplicate should be returned (include postal code) Nom et adresse à laquelle le double doit être renvoyé (indiquer le code postal) :	3. Name of Contact Person Personne-ressource
_____	_____
_____	Tel (8:00-4:30) / Tél. (8h 00 à 16 h 30)
_____	_____
4. Main address where activities are carried on (full address, including postal code) / Adresse principale du lieu d'affaires (l'adresse complète, y compris le code postal) :	
5. Brief description of activities / undertaking to be carried out under this name / Brève description des activités/ entreprise menées sous ce nom :	
6. Approximate length of time this name has been in use: / Durée approximative pendant laquelle ce nom a été utilisé :	
7. If the name in no. 1 above is being noted by another organization, please provide the organization's name and address: Si le nom indiqué à la rubrique 1 ci-dessus fait l'objet d'une demande d'inscription par un autre organisme, veuillez donner le nom et l'adresse de l'organisme :	
8. Provide the names and addresses of two (2) members or officers: Indiquez les noms et adresses de deux membres ou de deux dirigeants :	
Full Name / Nom au complet	Residence Address/ Adresse de domicile
1. _____	_____

2. _____	_____

9. The signature of one of the registrants in no. 8 is required. / La signature d'un des inscrits indiqués à la rubrique 8 est exigée. (Important: If the registrant is a corporation, the signature of a corporate officer and the office held is required.) / (Important : Si l'auteur de la demande est une corporation, l'un de ses dirigeants doit signer la demande et indiquer le poste qu'il occupe.)	
SIGNATURE: _____	Please print individual's name: Nom de l'auteur de la demande, en _____
Office Held (if applicable): Poste occupé (le cas échéant) : _____	caractères d'imprimerie :

OFFICE USE ONLY / RÉSERVÉ À L'ADMINISTRATION

Date of Filing / Date de dépôt : _____

Date of Expiry / Date d'échéance : _____

Registration Number / N° d'enregistrement : _____

Cash Register Endorsement
Mention de la caisse enregistrée



The Corporations Act
Loi sur les corporations
RENEWAL OF NAME NOTATION
RENOUVELLEMENT DE L'INSCRIPTION
D'UN NOM

SIGN & RETURN TO:
Companies Office
1010-405 Broadway
Winnipeg, MB R3C 3L6
WITH THE FEE OF:

SIGNER ET RENVOYER LA FORMULE À:
L'Office des compagnies
405, Broadway, bureau 1010
Winnipeg (Man.) R3C 3L6
EN Y JOIGNANT UN DROIT DE:

\$45.00 **45,00 \$**
Payable to Minister of Finance of Manitoba
Payable au ministre des Finances du Manitoba

YOUR NAME NOTATION WILL EXPIRE ON / VOTRE INSCRIPTION DE NOM VIENDRA À ÉCHÉANCE LE :
Please complete this Renewal of Name Notation and return with the prescribed fee before the expiry date.
Veuillez remplir cette formule et la retourner avec les droits exigés, avant la date d'échéance.

<p>1. Name Notation and address to which duplicate should be returned (include postal code) Nom inscrit et adresse à laquelle le double doit être renvoyé (indiquer le code postal)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>2. Name of Contact Person Personne-ressource</p> <p>_____</p> <p>Tel (8:00-4:30) / Tél. (8h 00 à 16 h 30)</p> <p>_____</p>						
<p>3. Main address where activities are carried on (full address, including postal code) / Adresse principale du lieu d'affaires (l'adresse complète, y compris le code postal) :</p>							
<p>4. Brief description of activities / undertaking to be carried out under this name: / Brève description des activités / entreprise menées sous ce nom :</p>							
<p>5. If the name in no. 1 above is being noted by another organization, please provide the organization's name and address : Si le nom indiqué à la rubrique 1 ci-dessus fait l'objet d'une demande d'inscription par un autre organisme, veuillez donner le nom et l'adresse de l'organisme :</p>							
<p>6. Provide the names and addresses of two (2) members or officers: Indiquez les noms et adresses de deux membres ou de deux dirigeants:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Full Name / Nom au complet</th> <th style="width: 50%;">Residence Address / Adresse de domicile</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> </tr> </tbody> </table>		Full Name / Nom au complet	Residence Address / Adresse de domicile	1. _____	_____	2. _____	_____
Full Name / Nom au complet	Residence Address / Adresse de domicile						
1. _____	_____						
2. _____	_____						
<p>7. The signature of one of the registrants in no. 6 is required. / La signature d'un des inscrits indiqués à la rubrique 6 est exigée. (Important: If the registrant is a corporation, the signature of a corporate officer and the office held is required.) / (Important: Si l'auteur de la demande est une corporation, l'un de ses dirigeants doit signer la demande et indiquer le poste qu'il occupe.)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">SIGNATURE:</td> <td style="width: 50%;">Please print individual's name:</td> </tr> <tr> <td>Office Held (if applicable): Poste occupé (le cas échéant): _____</td> <td>Nom de l'auteur de la demande, en caractères d'imprimerie: _____</td> </tr> </table>		SIGNATURE:	Please print individual's name:	Office Held (if applicable): Poste occupé (le cas échéant): _____	Nom de l'auteur de la demande, en caractères d'imprimerie: _____		
SIGNATURE:	Please print individual's name:						
Office Held (if applicable): Poste occupé (le cas échéant): _____	Nom de l'auteur de la demande, en caractères d'imprimerie: _____						

OFFICE USE ONLY / RÉSERVÉ À L'ADMINISTRATION

Date of Filing / Date de dépôt :

This notation is renewed for 3 years until:
Cette inscription est renouvelée pour trois ans jusqu'au :

Registration Number / N° d'enregistrement : _____

Cash Register Endorsement
Mention de la caisse enregistreuse



The Corporations Act
Loi sur les corporations
DISSOLUTION OF A NAME NOTATION
DISSOLUTION D'INSCRIPTION D'UN NOM

Please Print or Type / Veuillez écrire en caractères d'imprimerie ou dactylographier.

1. Name Notation to be dissolved: / Inscription de nom à dissoudre :	
2. Name and address to which duplicate should be returned (include postal code) Nom et adresse à laquelle le double doit être renvoyé (indiquer le code postal) :	3. Name of Contact Person Personne-ressource
_____	_____
_____	Tel (8:00-4:30) / Tél. (8h 00 à 16 h 30)
_____	_____
4. The registrant(s) stopped using this name notation on: L'auteur (les auteures) de la demande a (ont) cessé d'utiliser cette inscription le :	

(Month/Day/Year) / (Mois/Jour/Année)	
5. If the name in no. 1 above is being noted by another organization, please provide the organization's name and address: Si le nom indiqué à la rubrique 1 ci-dessus fait l'objet d'une demande d'inscription par un autre organisme, veuillez donner le nom et l'adresse de l'organisme :	

6. Provide the names and addresses of two (2) members or officers: Indiquez les noms et adresses de deux membres ou de deux dirigeants :	
Full Name / Nom au complet	Residence Address / Adresse de domicile
1. _____	_____

2. _____	_____

7. The signature of one of the registrants in no. 6 is required. / La signature d'un des inscrits indiqués à la rubrique 6 est exigée. (Important: If the registrant is a corporation, the signature of a corporate officer and the office held is required.) / (Important : Si l'auteur de la demande est une corporation, l'un de ses dirigeants doit signer la demande et indiquer le poste qu'il occupe.)	
SIGNATURE: _____	Please print individual's name: Nom de l'auteur de la demande, en
Office Held (if applicable): Poste occupé (le cas échéant) : _____	caractères d'imprimerie : _____

OFFICE USE ONLY / RÉSERVÉ À L'ADMINISTRATION
Date of Dissolution / Date de dissolution : _____
Registration Number / N° d'enregistrement : _____

ONTARIO
07201E(1)



Ministry of
Government Services
Central Production and
Verification Services Branch
393 University Ave, Suite 200
Toronto ON M5G 2M2

FORM 2
Initial Return/Notice of Change
by an Extra-Provincial Corporation
Corporations Information Act

Instructions for Completion

The attached form is to be used by a corporation that is incorporated, continued or amalgamated in a jurisdiction other than Ontario:

- OR (A) as an Initial Return to be filed within 60 days of the date of commencing business activity in Ontario;
- (B) as a Notice of Change to be filed within 15 days after the change or changes take place in the information previously filed.

A duplicate copy of this return/notice must be kept at the corporation's registered office or principal place of business in Ontario and must be available for examination.

Please type or print all information in **block capital letters using black ink.**

All items on Form 2, page 1 and page 2 must be completed in full, unless otherwise indicated.

Documents filed with the Central Production and Verification Services Branch must be neat, legible and suitable for microfilming. Documents that do not conform to this standard will be returned to the corporation.

All **dates** must be completed using the following numeric format:

January 3, 1999 would be:

Year	Month	Day
1999	01	03

Addresses must be completed in full, including the street number and name, the city or town and the unit or suite number, if applicable. The province or state, country and postal code must be included when required. **Do not use abbreviations for provinces, states or countries. Post office box numbers cannot be used.** Please note that any handwriting or typing outside the designated boxes will be ignored; it is not part of the approved form.

FEE

There is no fee for the filing of an initial return or notice of change.

PENALTIES

Sections 13 and 14 of the *Corporations Information Act* provide penalties for contravening the Act or Regulations.

Section 18(1) of the Act provides that a corporation that is in default of a requirement under this Act to file a return/notice or that has unpaid fees or penalties is not capable of maintaining a proceeding in a court in Ontario in respect of the business carried on by the corporation except with leave of the court.

COMPLETION OF PAGE 1

- Item 1: Initial Return/Notice of Change by a business corporation/not-for-profit corporation:**
Indicate whether an extra-provincial corporation is filing an Initial Return or a Notice of Change by placing an X in the appropriate box. (Choose one box only.)
- Item 2: Ontario Corporation Number:**
Insert the Ontario Corporation Number. This number appears in the top right corner of the Extra-Provincial Licence issued to the corporation. If the corporation does not require a licence, the number will be assigned upon filing the Initial Return.
- Item 3: Date of Incorporation or Amalgamation:**
Insert the full date of incorporation or amalgamation, whichever is the most recent.
Where an amalgamation has taken place since last filing, please submit a photocopy of the Certificate of Amalgamation with Form 2.
- Item 4: Corporation Name:**
Insert the name of the corporation, including punctuation and spacing.
- Item 5: Address of Registered or Head Office:**
Do not leave this blank.
Complete the full address of the Registered or Head Office. Post Office box numbers cannot be used. A street address or lot and concession number is required.
- Item 6: Address of Principal Office in Ontario:**
If the address is the same as the address of the Registered or Head Office, place an X in the box provided.
If this item is not applicable, place an X in the box provided.
If the address of the principal office is different from the address of the registered or head office, complete this item in full.
- Item 7: Language of Preference:**
Specify whether you prefer to receive correspondence from Central Production and Verification Services Branch in English or French.
- Item 8: Former Corporation Name:**
Insert the most recent former name of the corporation, including spacing and punctuation.
- Item 9: Date Commenced Business Activity in Ontario:**
Insert the date the corporation commenced business activity in Ontario.
- Item 10: Date Ceased Carrying on Business Activity in Ontario:**
Insert the complete date on which the corporation ceased carrying on business activity in Ontario.
If not applicable, place an X in the box provided.
- Item 11: Jurisdiction of Incorporation, Amalgamation or Continuation:**
The jurisdiction of incorporation, continuation or amalgamation (whichever is most recent) must be indicated by placing an X in the appropriate box. If the jurisdiction is one other than those listed, set out the name of the jurisdiction in full in the space provided.

COMPLETION OF PAGE 2

Complete the Ontario Corporation Number and the Date of Incorporation or Amalgamation (whichever is most recent).

- Item 12: Name and office address of the Chief Officer/Manager in Ontario:**
If this item is not applicable to your corporation, place an X in the box provided.
If applicable, complete the name in full, providing the last name, first name, and middle name/initials. Complete the full office address of the Chief Officer/Manager in Ontario.
- Date Effective:**
Insert the date the Chief Officer/Manager in Ontario assumed his/her position.
- Date Ceased:**
Insert the date the Chief Officer/Manager in Ontario ceased to hold his/her position.
If the date ceased has been completed, the date the Chief Officer/Manager assumed his/her position must also be completed.
- Item 13: Name and office address of Agent for Service in Ontario:**
If the corporation is incorporated outside of Canada, an agent for service is required.
If the requirement for an agent for service is not applicable, place an X in the box provided.
If Item 14 is applicable, indicate if the agent is an individual or a corporation with its registered office address in Ontario. If the agent is an individual, complete section (a) his/her last name, first name, middle name/initials and section (c) full address.
If the agent is a corporation, complete section (b) the Ontario Corporation Number and the full Corporation name, including punctuation and spacing, and section (c) full address.
- Please Note:** For a foreign corporation, (business corporation incorporated or continued under the laws of a jurisdiction outside of Canada), to change information about an Agent for Service, a completed Form 2, Revised Appointment of Agent for Service under the *Extra-Provincial Corporations Act* (Ontario) must accompany the document you are presently completing.
- Not-for-Profit corporations incorporated outside of Canada do not require an Agent for Service and therefore a Revised Appointment of Agent for Service is not required for these corporations.
- Item 14: Person Authorizing Filing:**
Print the name of the person authorizing this filing. This must be a director, officer or other individual having knowledge of the affairs of the corporation. The name of the individual must be completed in the box provided and an X must be placed in the appropriate box to indicate whether the individual is a director, officer or other individual having knowledge of the affairs of the corporation.

The completed form must be mailed or delivered to:
Ministry of Government Services
Central Production and Verification Services Branch
393 University Ave, Suite 200
Toronto ON M5G 2M2



Ministère des Services gouvernementaux
Direction des services centraux de production et de vérification
393, av University, bureau 200
Toronto ON M5G 2M2

FORMULE 2
Rapport initial/Avis de modification
par les personnes morales extra-provinciales
Loi sur les renseignements exigés des personnes morales

Directives pour remplir la formule

La formule ci-jointe est à l'usage des personnes morales constituées, prorogées ou fusionnées **dans tout ressort autre que l'Ontario:**

- OU** A) soit à titre de rapport initial, et elle doit être déposée dans les soixante (60) jours du début des activités en Ontario;
- B) soit à titre d'avis de modification, et elle doit être déposée dans les quinze (15) jours qui suivent toute modification aux renseignements produits antérieurement.

Un double du rapport est conservé au bureau d'affaires principal de la personne morale en Ontario et doit être disponible pour examen.

Prière de dactylographier les renseignements ou de les écrire **en caractères d'imprimerie à l'encre noire.**

Toutes les rubriques de la formule 2, pages 1 et 2, doivent être dûment remplies, sauf indication contraire.

Les documents déposés auprès de la Direction des services centraux de production et de vérification sont microfilmés; ils doivent, par conséquent, être propres, lisibles et adaptés à cette opération. Les documents qui ne répondent pas à cette norme seront renvoyés à la personne morale.

Les **dates** doivent être écrites dans l'ordre numérique suivant :

Par exemple :

le 3 janvier 1999 s'écrirait

année	mois	jour
1999	01	03

Indiquer l'**adresse** au complet, y compris le numéro civique et le nom de la rue, la ville, le numéro d'unité ou de bureau, le cas échéant. Inclure également la province ou l'État, le pays et le code postal, le cas échéant. **Ne pas utiliser d'abréviations pour la province, l'État ou le pays. Une case postale ne constitue pas une adresse.**

NOTE : Tous renseignements inscrits au stylo ou à la machine hors des cases ou des sections désignées ne seront pas pris en compte.

DROITS

Aucun droit n'est exigible pour le dépôt d'un rapport initial, ni pour un avis de modification.

INFRACTIONS ET PEINES

Les articles 13 et 14 de la *Loi sur les renseignements exigés des personnes morales* prévoient des peines pour la contravention à la présente loi ou à ses règlements d'application.

Le paragraphe 18 (1) prévoit que la personne morale qui a omis de déposer un rapport/avis conformément aux exigences de la présente loi ou d'acquiescer des droits ou pénalités ne peut introduire ni continuer une instance devant un tribunal de l'Ontario à l'égard des activités exercées par cette personne morale, sauf avec l'autorisation du tribunal.

COMMENT REMPLIR LA PAGE 1

- Rubrique 1. Rapport initial/Avis de modification par une société par actions/une personne morale sans but lucratif :**
Indiquer si la personne morale extra-provinciale dépose un rapport initial ou un avis de modification en cochant (x) la case appropriée.
- Rubrique 2. Numéro matricule de la personne morale en Ontario :**
Le numéro matricule de la personne morale en Ontario apparaît dans le coin supérieur droit du Permis extraprovincial de la personne morale. Lorsqu'aucun permis n'est exigible pour la personne morale, le numéro matricule sera donné au moment où le rapport initial sera déposé.
- Rubrique 3. Date de constitution ou fusion :**
Inscrire la date au complet de constitution ou de fusion (celle qui est la plus récente).
Lorsqu'une fusion a eu lieu depuis le dernier dépôt, une photocopie du certificat de fusion doit être déposée avec la formule 2.
- Rubrique 4. Raison sociale de la personne morale :**
Indiquer la raison sociale de la personne morale, y compris la ponctuation et les espaces.
- Rubrique 5. Adresse du siège social :**
Ne pas laisser cet espace en blanc.
Indiquer l'adresse du siège social. Une case postale ne constitue pas une adresse. Il faut indiquer un numéro et un nom de rue ou un numéro de lot ou de concession, s'il y a lieu.
- Rubrique 6. Adresse du bureau principal en Ontario :**
Si l'adresse est la même que celle du siège social, cocher (x) la case appropriée.
Si cette rubrique ne s'applique pas, cocher (X) la case appropriée.
Si l'adresse du bureau principal est différente de celle du siège social, remplir cette rubrique au complet.
- Rubrique 7. Langue préférée :**
Indiquer si vous préférez recevoir la correspondance de la Direction des services centraux de production et de vérification en français ou en anglais.
- Rubrique 8. Raison sociale antérieure :**
Indiquer la raison sociale antérieure, y compris les espaces et la ponctuation. Si cela ne s'applique pas, cocher (x) la case appropriée.
- Rubrique 9. Date de début des activités en Ontario :**
Indiquer la date de début des activités en Ontario.
- Rubrique 10. Date de cessation des activités en Ontario :**
Indiquer la date au complet à laquelle l'entreprise a cessé ses activités en Ontario. Si cela ne s'applique pas, cocher (x) la case appropriée.
- Rubrique 11. Ressort de constitution / de fusion ou prorogation :**
Pour indiquer le plus récent ressort de constitution, de prorogation ou de fusion (le plus récent), cocher (x) la case pertinente.
Si le ressort n'est pas parmi les ressorts qui sont mentionnés, indiquer le nom du ressort au complet dans l'espace prévu à cet effet.

COMMENT REMPLIR LA PAGE 2

Indiquer le numéro matricule de la personne morale en Ontario et la date de constitution ou de fusion (celle qui est la plus récente).

- Rubrique 12. Nom et adresse du bureau du directeur général /gérant en Ontario :**
Si cette rubrique ne s'applique pas, cocher (x) la case appropriée.
Si elle s'applique, indiquer le nom au complet en donnant le nom de famille et le(s) prénom(s). Indiquer l'adresse complète du bureau du directeur général ou gérant en Ontario.
Date d'entrée en vigueur :
Indiquer la date où le directeur général ou gérant en Ontario est entré en fonction.
Date de cessation :
Indiquer la date où le directeur général ou gérant a cessé ses fonctions en Ontario.
Si la date de cessation des fonctions a été indiquée, la date où le directeur général ou gérant est entré en fonction doit également être indiquée.
- Rubrique 13. Nom et adresse du bureau du mandataire aux fins de signification en Ontario :**
Si la personne morale a été constituée à l'extérieur du Canada, un mandataire aux fins de signification est exigé.
Si l'exigence d'un mandataire aux fins de signification n'est pas applicable, cocher (x) la case appropriée.
Si la rubrique 14 s'applique, indiquer si le mandataire est un particulier ou une personne morale dont l'adresse du siège social est en Ontario.
Si le mandataire est un particulier, remplir la partie a), son nom de famille et son (ses) prénom(s) et la partie c), son adresse complète.
Si le mandataire est une personne morale, remplir la partie b), le numéro matricule de la personne morale en Ontario et le nom de la personne morale au complet, y compris la ponctuation et les espaces et la partie c), son adresse complète.
Remarque : Pour modifier des renseignements concernant le mandataire aux fins de signification, une personne morale étrangère (société à but lucratif constituée ou maintenue en vertu des lois d'une compétence législative extérieure au Canada) doit remplir la Formule 2 - Modification de la désignation de mandataire requise aux termes de la *Loi sur les personnes morales extraprovinciales* (Ontario) et la soumettre avec le présent document.
Les personnes morales à but non lucratif constituées à l'extérieur du Canada ne peuvent pas désigner ou constituer de mandataire aux fins de signification : par conséquent, elle n'ont pas à soumettre la Formule 2 - Modification de la désignation de mandataire.
- Rubrique 14. Personne autorisant l'enregistrement :**
Dans la case prévue, indiquer en lettres majuscules le nom complet de la personne autorisant le dépôt de la formule.
Indiquer ensuite si cette personne est un administrateur, un dirigeant ou une personne ayant connaissance des activités de la personne morale, en cochant (x) la case appropriée à droite.
La formule dûment remplie doit être envoyée par la poste ou livrée à l'adresse suivante :
Ministère des Services gouvernementaux
Direction des services centraux de production et de vérification
393, av University, bureau 200
Toronto ON M5G 2M2



Ministry of Government Services / Ministère des Services gouvernementaux

Central Production and Verification Services Branch / 393 University Ave., Suite 200 Toronto ON M5G 2M2

Direction des services centraux de production et de vérification / 393, av University, bureau 200 Toronto ON M5G 2M2

Form 2- Extra-Provincial Corporations / Initial Return / Notice of Change / Formule 2 - Personnes morales extra-provinciales / Rapport initial/Avis de modification

Corporations Information Act / Loi sur les renseignements exigés des personnes morales

Please type or print all information in block capital letters using black ink. / Prière de dactylographier les renseignements ou de les écrire en caractères d'imprimerie à l'encre noire.

Fields for Ontario Corporation Number, Date of Incorporation or Amalgamation, and Business/Not-For-Profit status.

Field 4: Corporation Name Including Punctuation/Raison sociale de la personne morale, y compris la ponctuation.

Field 5: Address of Registered or Head Office/Adresse du siège social c/o / a/s, including street, city, province, and postal code.

Field 6: Address of Principal Office in Ontario/Adresse du bureau principal en Ontario, including street, city, and postal code.

Field 7: Language of Preference / Langue préférée (English/Français).

Field 8: Former Corporation Name if applicable/Raison sociale antérieure de la personne morale, le cas échéant.

Fields 9 and 10: Date commenced business activity in Ontario / Date de début des activités en Ontario and Date ceased carrying on business activity in Ontario / Date de cessation des activités en Ontario.

Field 11: Jurisdiction of Incorporation/Amalgamation or Continuation. (Check appropriate box) Do not check more than one box.

This information is being collected under the authority of The Corporations Information Act for the purpose of maintaining a public data base of corporate information. / La Loi sur les renseignements exigés des personnes morales autorise la collecte de ces renseignements pour constituer une banque de données accessible au public.

FOR MINISTRY USE ONLY / À L'USAGE DU MINISTÈRE

See deficiency letter enclosed / Voir l'avis d'insuffisance ci-joint

Form 2 - Extra-Provincial Corporations / Initial Return / Notice of Change
Formule 2 - Personnes morales extra-provinciales / Rapport initial/Avis de modification
Corporations Information Act / Loi sur les renseignements exigés des personnes morales

Please type or print all information in block capital letters using black ink.
Prière de dactylographier les renseignements ou de les écrire en caractères d'imprimerie à l'encre noire.

FOR MINISTRY USE ONLY À L'USAGE DU MINISTÈRE SEULEMENT	Ontario Corporation Number/ Numéro matricule de la personne morale en Ontario	Date of Incorporation or Amalgamation Date de constitution ou fusion Year/Année Month/Mois Day/Jour	For Ministry Use Only À l'usage du ministère seulement
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12. Name and Office Address of the Chief Officer/Manager in Ontario/
Nom et adresse du bureau du directeur général/gérant en Ontario Not Applicable/Ne s'applique pas

Last Name/Nom de famille _____ First Name/Prénom _____ Middle Name/Autres prénoms _____

Street Number/Numéro civique _____

Street Name/Nom de la rue _____

Street Name (cont'd)/Nom de la rue (suite) _____ Suite/Bureau _____

City/Town/Ville _____ Postal Code/Code postal _____

ONTARIO, CANADA

Date Effective Year/Année Month/Mois Day/Jour _____ Date Ceased Year/Année Month/Mois Day/Jour _____
Date d'entrée en vigueur _____ Date de cessation des fonctions _____

13. Name and Office Address of Agent for Service in Ontario - Check One box
Nom et adresse du bureau du mandataire aux fins de signification en Ontario. Cocher la case pertinente.

Not Applicable/Ne s'applique pas

Only applies to foreign business corporations
S'applique seulement aux personnes morales étrangères

a) Individual or un particulier ou b) Corporation une personne morale

Complete appropriate sections below/Remplir les parties pertinentes ci-dessous.

a) Individual Name/Nom du particulier

Last Name/Nom de famille _____ First Name/Prénom _____ Middle Name/Autres prénoms _____

b) Ontario Corporation Number/Numéro matricule de la personne morale en Ontario _____

Corporation Name including punctuation/Raison sociale, y compris la ponctuation _____

c) Address/Adresse

c/o / a/s _____

Street No./N° civique _____ Street Name/Nom de la rue _____ Suite/Bureau _____

Street Name (cont'd)/Nom de la rue (suite) _____ City/Town/Ville _____

ONTARIO, CANADA

Postal Code/Code postal _____

14. (Print or type name in full of the person authorizing filing./ Dactylographier ou inscrire le prénom et le nom en caractères d'imprimerie de la personne qui autorise l'enregistrement.

I/ Je _____

certify that the information set out herein, is true and correct.
atteste que les renseignements précités sont véridiques et exacts.

NOTE/REMARQUE: Section 13 and 14 of the Corporations Information Act provide penalties for making false or misleading statements, or omissions.
Les articles 13 et 14 de la Loi sur les renseignements exigés des personnes morales prévoient des peines en cas de déclaration fautive ou trompeuse, ou d'omission.

This information is being collected under the authority of The Corporations Information Act for the purpose of maintaining a public data base of corporate information. /
La Loi sur les renseignements exigés des personnes morales autorise la collecte de ces renseignements pour constituer une banque de données accessible au public.

Check appropriate box / Cocher la case pertinente

D) Director/Administrateur

O) Officer/Dirigeant

P) Other individual having knowledge of the affairs of the Corporation/Autre personne ayant connaissance des activités de la personne morale

FOR MINISTRY USE ONLY/À L'USAGE DU MINISTÈRE See deficiency letter enclosed/Voir l'avis d'insuffisance ci-joint

INSTRUCTIONS

It is important to read these notes before completing the attached form.

Print all information clearly in CAPITAL LETTERS using black ink.

It is the responsibility of the applicant(s) to ensure that information submitted under the *Business Names Act* is accurate and complete. It is an offence under section 10 of the Act if a person, without reasonable cause, submits a statement in an application for a registration under this Act that is false or misleading with respect to any material fact. On conviction, a person guilty of an offence is liable to a fine of not more than \$2,000 or, if the person is a corporation, to a fine of not more than \$25,000. If a corporation is guilty of an offence, every director or officer of the corporation and every person acting as its representative in Ontario who authorized, permitted or acquiesced in such an offence is also guilty of an offence and on conviction is liable to a fine of not more than \$2,000.

Complete all sections of the form. Incomplete forms will be returned.

- Fees:**
- there is a fee payable for new registrations and renewals;
 - fees may be paid in cash, money order or cheque;
 - payable to the **Ontario Minister of Finance**;
 - do not send cash in the mail;
 - a handling fee will be charged for a non-negotiable cheque.

Please forward both copies of the enclosed form to the Ministry of Government Services. The Client copy will no longer be certified consistent with Ontario Regulation 175 / 94 Section 4. The Client copy will be **returned**, with a validation in the bottom right-hand corner.

Return completed forms to:

Ministry of Government Services
Central Production and Verification Services Branch
393 University Avenue, Suite 200
Toronto ON M5G 2M2

Please do not separate the form.

Refer to these notes while completing form.

1. Registration Type - Check the appropriate box:

New (Fee payable)

- a new registration is the first filing of the business name;
- a change of business name/identification name is considered a new registration.

Renewal (Fee payable)

- a registration expires in five years and must be renewed.

Amendment (No fee payable)

- an amendment should be filed whenever there is a change in address, activity or corporation name.

Cancellation (No fee payable)

- a cancellation should be submitted if you stop using the business name.

BIN

For renewal, amendment or cancellation, enter "Business Identification No." (BIN).

2. Business or Identification Name - Please print the business name. This is the name you are registering. The business name must be set out in Block Capital Letters in the squares provided and must commence on the first line of the 'grid' in the first square. Each square of the grid represents a letter of the alphabet, a punctuation mark, or a space. If there is not sufficient space on the grid for the name, please use additional form(s). Please complete all items on additional form(s) and note the number of each additional page in the top right-hand corner of each form.

3. Mailing Address of Registrant - Include street number, name, municipality and postal code. Your copy of the registration will be mailed to this address.

4. Business Address (Address of Principal Place of Business) in Ontario - Include street number, name, municipality and postal code.

A post office box is not acceptable in a business address. If there is more than one place of business, select one as the principal place. Where the business address is outside Ontario, set out the words "Not Applicable" in item 4. If this is the case, please ensure that Item 3, the mailing address, includes the street address of the principal place of business outside of Ontario, as a post office box is not acceptable.

5. Activity - Include a brief description of the activity being performed.
6. Corporation Name - the name of the corporation that is registering the business name.
7. Ontario Corporation Number - the number assigned to the corporation named in item 6.
8. Jurisdiction - the name of the jurisdiction in which the corporation was incorporated. Please do not use abbreviations.
9. Address of the Head or Registered Office of the corporation - include the number, street, municipality and postal code of the head or registered office address. **A post office box is not acceptable.**
10. Print the name of the person authorizing the registration, (either an officer, or a director, or a person acting under a power of attorney).

Additional Information: If the person authorizing the registration is not an individual e.g. corporation, trust, syndicate set out the name in "Additional Information" and do not complete the boxes for the last, first and middle names.

Registration Form 2
under the *Business Names Act* - Corporations
Enregistrement Formule 2
en vertu de la *Loi sur les noms commerciaux*
(Personnes morales)

Print clearly in CAPITAL LETTERS /
Écrivez clairement en LETTRES MAJUSCULES

Page _____ of / de _____

1. Registration Type
Type d'enregistrement

If B, C, or D enter Business Identification Number. /
En cas de B, C ou D, inscrivez le n° d'identification de l'entreprise.

A New
Nouvel

B Renewal
Renouvellement

C Amendment
Modification

D Cancellation
Révocation

BIN Business Identification No. /
NIE le n° d'identification de l'entreprise

**2. Business or
Identification
Name / Nom
commercial
ou
d'identification**

**3. Mailing
Address of
Registrant /
L'Adresse
postale de
Registrant**

Street No. / N° de rue	Street Name / Nom de la rue	Suite No. / Bureau n°
City / Town / Ville	Province / Province	Postal Code / Code postal
Country / Pays		

**4. Address of principal place of business in Ontario /
Adresse de l'établissement principal en Ontario**
(P.O. Box not acceptable /
Case postale non acceptée)

Same as above /
comme ci-dessus

Street No. / N° de rue	Street Name / Nom de la rue	Suite No. / Bureau n°
City / Town / Ville	Province	Postal Code / Code postal
Country / Pays		

**5. Give a brief description of the ACTIVITY being carried out under the business/identification name. /
Résumez brièvement le genre d'ACTIVITÉ exercée sous le nom commercial ou d'identification.**

**6. Corporation Name /
Personne morale**

**7. Ontario Corporation Number /
Numéro matricule de la personne morale en Ontario**

**8. Jurisdiction in which the corporation was incorporated /
Le territoire de compétence où la personne morale a été constituée**

**9. Address of Head or Registered Office of the corporation (P.O. Box not acceptable) /
Adresse du siège social ou du bureau enregistré de la personne morale (Case postale non acceptée)**

Street No. / N° de rue	Street Name / Nom de la rue	Suite No. / Bureau n°
City / Town / Ville	Province	Postal Code / Code postal
Country / Pays		

**10. Print name of person authorizing this registration (either an officer, or a director, or a person acting under a power of attorney). /
Indiquez en lettres majuscules le nom de la personne autorisant l'enregistrement (dirigeant, administrateur, ou personne habilitée en vertu d'une procuration).**

Last Name / Nom de famille
First Name / Prénom
Middle Initial / initiale 2^e prénom

If person authorizing the registration is not an individual (eg. corporation, trust, syndicate), print name below and do not complete last, first and middle names
above. / Si la personne qui autorise l'enregistrement n'est pas un individu (c'est-à-dire une personne morale, un trust ou syndicat) ne pas remplir le nom de
famille, prénom et 2^e prénom.

Additional Information / Renseignements supplémentaires

MINISTRY USE ONLY / RÉSERVÉ AU MINISTÈRE

It is the responsibility of the applicant(s) to ensure the accuracy of the information submitted. It is
an offence under section 10 of the *Business Names Act* to submit false or misleading information. /
Il incombe aux demandeurs de veiller à l'exactitude des renseignements présentés. Le demandeur
qui fait une déclaration fautive ou trompeuse commet une infraction en vertu de l'article 10 de la *Loi
sur les noms commerciaux*.

The following provisions are derived from the Québec *Companies Act*. If necessary, please refer to the legal text which takes precedence over this one.

What is a name research report?

A name research report (rapport de recherche de nom) is a list of names drawn from the register of sole proprietorships, partnerships and legal persons, hereinafter called the enterprise register, based on the name you are considering for your company or non-profit legal person. You must check this list before making your final choice.

A name research report can be requested by completing the form *Demande de rapport de recherche de nom – Demande de reservation de nom*, or by filing a request online at www.registreentreprises.gouv.qc.ca. Alternatively, you can conduct your own search on the site, free of charge.

The name research report is mandatory, and must be included when incorporation or name amendment documents are filed for a company or non-profit legal person.

What is a name reservation?

While reserving a name is optional, it can be useful for persons wishing to incorporate a company or non-profit legal person, or modify a name under the *Companies Act*.

Reserving a name simply ensures that the enterprise registrar will not accept a name identical to the one you are proposing for the purpose of incorporating another company or non-profit legal person, or amending an existing name. The reserved name will be used by the enterprise registrar for its preliminary check, under sections 10 and 123.160 of the *Companies Act*.

A name reservation (which includes a name research report) can be requested by completing the form *Demande de rapport de recherche de nom – Demande de reservation de nom*, or by filing a request online on our website.

The enterprise registrar can reserve a name for a period of 90 consecutive days. Once your request has been processed, you will receive a confirmation of the reservation by mail. The name research report will be sent to you by email if the report does not contain more than 10 pages and if you asked to receive it by email. Otherwise, it will be mailed to you. You must include these documents when submitting incorporation documents (*Statuts de constitution – Statuts de continuation*), an application for constitution as a non-profit legal person (*Demande de constitution en personne morale sans but lucratif*) or a name amendment request (*Déclaration modificative*).

What are the benefits of reserving a name?

A name reservation includes:

- a name research report;
- verification of certain elements of the name selected;
- reservation of the name for a 90-day period following its acceptance.

Where to submit a request for a name research report or a name reservation

A single copy of the *Demande de rapport de recherche de nom – Demande de réservation de nom* must be sent by mail to the Direction du registraire des entreprises, at the Ministère du Revenu. See the address below.

The above-mentioned form may also be faxed to 514 285-3911 if you are in the Montréal area or, toll-free, to 1 866-551-4569 if you are elsewhere in Québec. If you fax the form, remember to complete the section on the official payment coupon (*Modalités de paiement et tarifs*) corresponding to your method of payment.

Method of payment and fees

Consult the fee schedule.

Notes: Please complete the form onscreen and then print it out, or use a typewriter.

The form must be legible and fit for photocopying or micro-filming. Forms printed on both sides of the page will not be accepted.

To contact us

By telephone	In person	By mail		
<p>Service hours: Monday to Friday: 8:30 a.m. to 4:30 p.m.</p> <p>Phone: Québec region: 418 644-4545 Montréal region: 514 644-4545 Elsewhere in Québec: 1 877 644-4545</p>	<p style="text-align: center;">Services Québec</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Québec</p> <p>Service hours: Monday, Tuesday, Thursday and Friday: 8:30 a.m. to 4 p.m. Wednesday: 9 a.m. to 4 p.m.</p> <p>Address: 787, boulevard Lebourgneuf Québec (Québec)</p> </td> <td style="vertical-align: top;"> <p>Montréal</p> <p>Service hours: Monday, Tuesday, Thursday and Friday: 8:30 a.m. to 4 p.m. Wednesday: 10:30 a.m. to 4 p.m.</p> <p>Address: 2050, rue De Bleury, RC 10 Montréal (Québec)</p> </td> </tr> </table>	<p>Québec</p> <p>Service hours: Monday, Tuesday, Thursday and Friday: 8:30 a.m. to 4 p.m. Wednesday: 9 a.m. to 4 p.m.</p> <p>Address: 787, boulevard Lebourgneuf Québec (Québec)</p>	<p>Montréal</p> <p>Service hours: Monday, Tuesday, Thursday and Friday: 8:30 a.m. to 4 p.m. Wednesday: 10:30 a.m. to 4 p.m.</p> <p>Address: 2050, rue De Bleury, RC 10 Montréal (Québec)</p>	<p>Address: Ministère du Revenu Direction du registraire des entreprises C. P. 1153 Québec (Québec) G1K 7C3</p>
<p>Québec</p> <p>Service hours: Monday, Tuesday, Thursday and Friday: 8:30 a.m. to 4 p.m. Wednesday: 9 a.m. to 4 p.m.</p> <p>Address: 787, boulevard Lebourgneuf Québec (Québec)</p>	<p>Montréal</p> <p>Service hours: Monday, Tuesday, Thursday and Friday: 8:30 a.m. to 4 p.m. Wednesday: 10:30 a.m. to 4 p.m.</p> <p>Address: 2050, rue De Bleury, RC 10 Montréal (Québec)</p>			

With your Québec enterprise number (NEQ), you can consult your file any time at www.registreentreprises.gouv.qc.ca.

All the forms produced by the enterprise registrar can be filled out in this website.

Requirements - Corporate name

The enterprise registrar has certain stipulations with regard to the name selected. Among others, the name must not contravene the provisions of the *Charter of the French Language*, nor must it be identical to a name used by another natural or legal person, partnership or group in Québec. Moreover, it must meet all criteria prescribed by regulation.

A company name that does not include the term “compagnie” or “société par actions” must end with the abbreviation “inc.,” “s.a.” or “ltée”, so as to indicate that the company is an undertaking with limited liability.

The company or non-profit legal person is responsible for ensuring that the name selected complies with the provisions of section 9.1 of the *Companies Act* and its regulations (see information at the end of this form) as well as those of the *Regulation respecting the language of commerce and business*. The latter can be consulted on the website of the Office québécois de la langue française at www.oqlf.gouv.qc.ca/charte/reglements. The company is not absolved of this responsibility by the verification conducted by the enterprise registrar.

If, subsequent to a complaint, it is determined that the name leads to confusion with another name or otherwise infringes the law and/or regulations, the user may be obliged to replace it.

Mark an X in the appropriate box.

**Name Research
Report Application**

**Name Reservation
Application**

1. Application on behalf of:

1. Company <input type="checkbox"/>	2. Non-profit legal person <input type="checkbox"/>
-------------------------------------	---

2. Name and address of the applicant

Name	
No.	Street
Apt./suite	
Municipality/city	Province/state
Postal code	Country
Mark an X in this box if you wish to receive the name research report by email. <input type="checkbox"/>	
Email (if applicable):	

3. Name selected (and its equivalent in another language, if applicable). Please print.

_____ _____ _____

4. Decision. Do not write in this space.

--

7. Comments. Do not write in this space.

--

Do not write in this space.

File No.	Application No.

5. Main activity of the company or non-profit legal person and **location** where this activity is carried out

Activity:
Location:

6. Name change (if applicable). Enter the current name.

_____ _____ _____													
Québec enterprise number <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>NEQ</td> <td>1</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NEQ	1	1										
NEQ	1	1											

Direction du registraire des entreprises

Mail or fax in this form, along with your payment.

Note: In the case of a company governed by Part I and a legal person governed by Part III of the *Companies Act*, the text of the regulation is similar to that below, but has been adapted where necessary.

Regulation respecting the corporate names of companies governed by Part IA of the *Companies Act* (c. C-38, r.1.01)

***Companies Act* (R.S.Q., c. C-38, a. 123.169, par. 3°, 3.1° and 3.2°)**

1. The public authorities contemplated in paragraph 6 of section 9.1 of the *Companies Act* are:

- 1° the reigning monarch, the Governor General and the Lieutenant-Governor;
- 2° the Senate, the House of Commons and the National Assembly;
- 3° the departments of the Government of Canada or of the Gouvernement du Québec and the bodies that are mandataries thereof;
- 4° the bodies to which staff is appointed in accordance with the *Public Service Act* (R.S.Q., c. F-3.1.1);
- 5° the bodies contemplated in the *Public Service Employment Act* (R.S.Q., 1985, c. P-33);
- 6° the bodies of which the majority of members or the majority of the members of the board of directors are appointed by the Government of Canada or by the Gouvernement du Québec;
- 7° the bodies to which staff is appointed in accordance with a regulation approved by the Government of Canada or the Gouvernement du Québec;
- 8° the bodies all of the voting shares of which are part of the public domain of Canada or Québec;
- 9° the municipalities constituted under a general or special act;
- 10° the bodies of which the majority of members or the majority of the members of the board of directors are appointed by one or more municipalities;
- 11° the mandatory bodies of municipalities within the meaning of the *Act respecting the Pension Plan of Elected Municipal Officers* (R.S.Q., c. R-9.3);
- 12° the supramunicipal bodies within the meaning of the *Act respecting the Pension Plan of Elected Municipal Officers* (R.S.Q., c. R-9.3);
- 13° the bodies of which the majority of members or the majority of the members of the board of directors are appointed by a supramunicipal body within the meaning of the *Act respecting the Pension Plan of Elected Municipal Officers*;
- 14° the Cree Regional Authority and the Kativik Regional Government;
- 15° regional health and social services boards;
- 16° public institutions within the meaning of paragraphs 3 and 4 of section 98 of the *Act respecting health services and social services* (R.S.Q., c. S-4.2);
- 17° public institutions within the meaning of paragraph a) of section 10 of the *Act respecting health services and social services for Cree and Inuit Native Persons* (R.S.Q., c. S-5);
- 18° school boards and regional school boards governed by the *Education Act* (R.S.Q., c. 1-13.3), as well as the Conseil scolaire de l'île de Montréal;
- 19° the Cree School Board, the Kativik School Board and the Naskapi Education Committee, governed by the *Education Act for Cree, Inuit and Naskapi Native Persons* (R.S.Q., c. 1-14);
- 20° general and vocational colleges;
- 21° the Université du Québec, its constituent universities, research institutes and superior schools within the meaning of the *Act respecting the Université du Québec* (R.S.Q., c. U-1);
- 22° professional corporations within the meaning of the *Professional Code* (R.S.Q., c. C-26);
- 23° the governments of other States and their diplomatic, consular or commercial representations; and
- 24° international government bodies.

2. The corporate name of a company is identical to the name of another person, partnership or group:

- 1° even if it contains, for the purpose of making it distinctive, a punctuation mark such as a period (.), a question mark (?), an exclamation point (!), a comma (,), a semi-colon (;), a colon (:), an ellipsis (...), parentheses (), square brackets [], quotation marks (" "), a dash (—) or a slash (/);
- 2° even if it contains, for the purpose of making it distinctive, an article (au, aux, de, de la, du, des, le, la, les, un, une) or a possessive adjective (mon, ton, son, ma, ta, sa, mes, tes, ses, notre, votre, leur, nos, vos, leurs);
- 3° even if it contains, for the purpose of making it distinctive, a preposition (à, avec, chez, dans, de, hors, par, pour, sans) or a conjunction *et* or its symbol &;

- 4° even if it has, for the purpose of making it distinctive, a different spelling, but has the same pronunciation or sign (such as +);
 - 5° even if it contains, for the purpose of making it distinctive, a number in Arabic or Roman numerals having the same value;
 - 6° even if it has, for the purpose of making it distinctive, a different syntax;
 - 7° even if it has, for the purpose of making it distinctive, a different indication of the juridical form;
 - 8° even if it contains, for the purpose of making it distinctive, an aphaeresis (such as *pitaine* for “capitaine”) or an apocope (such as *télé* for “télévision”); or
 - 9° even if it contains, for the purpose of being distinctive, a word that has no determinant nature, such as “association”, “compagnie”, “corporation”, “entreprise”, “société”, or an abbreviation thereof.
3. The corporate name of a company suggests that the company is related to another person, partnership or group if the suggests that the company:
- 1° controls or sponsors the other person, partnership or group;
 - 2° is controlled or sponsored by the other person, partnership or group;
 - 3° is affiliated with the other person, partnership or group; or
 - 4° carries on its activity with the support, approval or authorization of the other person, partnership or group.
4. In determining whether a corporate name suggests that a company is related to another person, partnership or group in the cases mentioned in the preceding section, or leads to confusion with a name used by another person, partnership or group in Québec or is identical thereto, the following criteria shall be taken into account:
- 1° the distinctiveness of the corporate name and of the name and of each of their elements, their visual or phonetic similarity and the similarity between the images conjured up by the corporate name and by the name; and
 - 2° the way in which the corporate name and the name are used.
5. If the corporate name is likely to suggest a relationship or lead to confusion with another name or if it is identical to another name in accordance with the criteria mentioned in the preceding section, the prominence of the corporate name and of the name shall be taken into account, along with the existence of competition or the likelihood of competition between the persons, partnerships or groups that that corporate name and that name designate, with respect to:
- 1° their objects or activities;
 - 2° the goods they produce or the services they offer, the quantity thereof or the means by which they are produced or offered; and
 - 3° the territories where they carry on their activities and the number of persons they serve.
6. The time in which the enterprise registrar may reserve a name is 90 days.
7. This regulation replaces the *Regulation respecting the corporate names of companies governed by Part IA of the Companies Act*.
8. The present regulation shall come into force on January 1st, 1994.

***Companies Act* (R.S.Q., c. C-38, section 9.1)**

9.1 The company's name must not:

- 1) contravene the *Charter of the French Language* (R.S.Q., chapter C-11);
- 2) include an expression which the law or the regulations reserve for another person or prohibit the company from using;
- 3) include an expression that evokes an immoral, obscene or offensive notion;
- 4) incorrectly indicate the company's juridical form or fail to indicate such form where so required by law;
- 5) falsely suggest that the company is a non-profit group;
- 6) falsely suggest that the company is, or is related to, a public authority mentioned in the regulation;
- 7) falsely suggest that the company is related to another person, partnership or group, in particular in the cases and taking into account the criteria determined by the regulation;
- 8) be identical to a name used by another person, partnership or group in Québec, taking into account, in particular, the criteria determined by regulation;
- 9) lead to confusion with a name used by another person, partnership or group in Québec, taking into account, in particular, the criteria determined by regulation;
- 10) be liable, in whatever manner, to mislead third persons.

Note: Paragraph 5 does not apply to a company governed by Part III of the *Companies Act*.

What are the Notice of Head Office Address and the List of Directors?

The notice establishing the address of the head office and the list of directors are required, under the provisions of Part IA of the *Companies Act*, in the following cases:

- when a company is constituted;
- when a company is amalgamated through an ordinary or a simplified amalgamation;
- when the judicial district indicated in the company's articles of constitution is changed upon amendment of the articles.

This obligation is derived from the *Companies Act*. If necessary, please refer to the legal text which takes precedence over this one.

This form can, however, be replaced by the *Initial Declaration* provided for under *An Act Respecting the Legal Publicity of Sole Proprietorships, Partnerships and Legal Persons*, but only when presenting articles of constitution or ordinary amalgamation.

The enterprise registrar will file the notice establishing the address of the head office and/or list of directors with the register of sole proprietorships, partnerships and legal persons, hereinafter called the enterprise register.

Note that a change in the head office address, within the limits of the judicial district indicated in the articles, or a change of directors that does not modify the number of directors, as determined by the articles, must be done with an *Amending Declaration*, under *An Act Respecting the Legal Publicity of Sole Proprietorships, Partnerships and Legal Persons* or an *Annual Declaration*, during the statutory deposit period.

Where to send the notice establishing the address of the head office and list of directors

This notice, along with the relevant articles, must be sent by mail to the Direction du registraire des entreprises, at the Ministère du Revenu. See the address below.

Notes: Please complete the form onscreen and then print it out, or use a typewriter.

The form must be legible and fit for photocopying or micro-filming.

Forms printed on both sides of the page will not be accepted.

To contact us

By telephone	In person	By mail		
<p>Service hours: Monday to Friday: 8:30 a.m. to 4:30 p.m.</p> <p>Phone: Québec region: 418 644-4545 Montréal region: 514 644-4545 Elsewhere in Québec: 1 877 644-4545</p>	<p style="text-align: center;">Services Québec</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Québec</p> <p>Service hours: Monday, Tuesday, Thursday and Friday: 8:30 a.m. to 4 p.m. Wednesday: 9 a.m. to 4 p.m.</p> <p>Address: 787, boulevard Lebourgneuf Québec (Québec)</p> </td> <td style="vertical-align: top;"> <p>Montréal</p> <p>Service hours: Monday, Tuesday, Thursday and Friday: 8:30 a.m. to 4 p.m. Wednesday: 10:30 a.m. to 4 p.m.</p> <p>Address: 2050, rue De Bleury, RC 10 Montréal (Québec)</p> </td> </tr> </table>	<p>Québec</p> <p>Service hours: Monday, Tuesday, Thursday and Friday: 8:30 a.m. to 4 p.m. Wednesday: 9 a.m. to 4 p.m.</p> <p>Address: 787, boulevard Lebourgneuf Québec (Québec)</p>	<p>Montréal</p> <p>Service hours: Monday, Tuesday, Thursday and Friday: 8:30 a.m. to 4 p.m. Wednesday: 10:30 a.m. to 4 p.m.</p> <p>Address: 2050, rue De Bleury, RC 10 Montréal (Québec)</p>	<p>Address: Ministère du Revenu Direction du registraire des entreprises C. P. 1153 Québec (Québec) G1K 7C3</p>
<p>Québec</p> <p>Service hours: Monday, Tuesday, Thursday and Friday: 8:30 a.m. to 4 p.m. Wednesday: 9 a.m. to 4 p.m.</p> <p>Address: 787, boulevard Lebourgneuf Québec (Québec)</p>	<p>Montréal</p> <p>Service hours: Monday, Tuesday, Thursday and Friday: 8:30 a.m. to 4 p.m. Wednesday: 10:30 a.m. to 4 p.m.</p> <p>Address: 2050, rue De Bleury, RC 10 Montréal (Québec)</p>			

With your Québec enterprise number (NEQ), you can consult your file any time at www.registreentreprises.gouv.qc.ca.

All the forms produced by the enterprise registrar can be completed on this website.

1. Identification - Enter the company name. Leave blank if you are applying for a designating number rather than a name (numbered company).

Complete the appropriate sections

2. Head office address - Notice is hereby given that the address of the company head office, within the limits of the judicial district indicated in the articles, is as follows:

No.	Street	Apt./office								
Municipality/city	Province	Postal code								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								

3. List of directors - Enter the full name and address of all directors.

1. Last name and first name	No.	Street	Apt./suite								
Municipality/city	Province/state	Postal code	Country								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
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Municipality/city	Province/state	Postal code	Country								
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Do not write in this space

Signature of authorized person

If the space provided is not sufficient, include an appendix, in two copies, identifying the corresponding section. If necessary, number the pages.

Sign the two copies of this form and remit them with your articles.

Do not fax.

Who must present a declaration of striking off?

- Natural persons operating sole proprietorships
- Undeclared partnerships
- Partnerships not constituted in Québec
- Associations or other groups
- Legal persons established for private interests that are not constituted in Québec
- Legal persons established in the public interest, commonly called “public authorities”
- Condominium associations

that are no longer obliged to be registered in the register of sole proprietorships, partnerships and legal persons, hereinafter called the enterprise register, or which have registered voluntarily and are not subject to striking off. This obligation derives from the *Act Respecting the Legal Publicity of Sole Proprietorships, Partnerships and Legal Persons*. If necessary, please refer to the legal text, which takes precedence over this one.

This declaration does not apply to:

- General partnerships and limited partnerships governed by the *Civil Code of Québec*;
- Legal persons established for private interests constituted under a Québec law whose amalgamation or dissolution occurs under the *Companies Act*;
- Legal persons established for private interests constituted under a Québec law whose liquidation occurs under the *Winding-up Act*;
- Legal persons established for private interests constituted under a Québec law whose dissolution and liquidation occur under the provisions of the *Civil Code of Québec* (sections 355 to 364), except for condominium associations.

A deceased person's registration must be stricken off upon presentation of a declaration of striking off by the liquidator of the succession within 6 months of death at the latest if the activity which gave rise to the registration is not continued for the benefit of the estate, and an attestatory amending declaration is not produced.

Why present a declaration for striking off?

The purpose of registering sole proprietorships, partnerships and legal persons is to make public information that is essential to the citizens and businesses of Québec.

This is why the record of a registered enterprise must be updated as soon as there is a change in the information pertaining to it in the enterprise register.

Note that most of the information declared is deemed to be accurate as of the date it is entered in the statement of information, until proof to the contrary. It is thus in the interests of the enterprise to keep the information up to date.

Where to send your declaration of striking off

Your declaration of striking off must be sent by mail to the Direction du registraire des entreprises, at the Ministère du Revenu. See the address below.

Method of payment and fees

There is no charge for filing a declaration of striking off. However, an extra charge is applicable for priority service. Consult the fee schedule.

To contact us

By telephone	In person	By mail		
<p>Service hours: Monday to Friday: 8:30 a.m. to 4:30 p.m.</p> <p>Phone: Québec region: 418 644-4545 Montréal region: 514 644-4545 Elsewhere in Québec: 1 877 644-4545</p>	<p>Services Québec</p> <table> <tr> <td> <p>Québec</p> <p>Service hours: Monday, Tuesday, Thursday and Friday: 8:30 a.m. to 4 p.m. Wednesday: 9 a.m. to 4 p.m.</p> <p>Address: 787, boulevard Lebourgneuf Québec (Québec)</p> </td> <td> <p>Montréal</p> <p>Service hours: Monday, Tuesday, Thursday and Friday: 8:30 a.m. to 4 p.m. Wednesday: 10:30 a.m. to 4 p.m.</p> <p>Address: 2050, rue De Bleury, RC 10 Montréal (Québec)</p> </td> </tr> </table>	<p>Québec</p> <p>Service hours: Monday, Tuesday, Thursday and Friday: 8:30 a.m. to 4 p.m. Wednesday: 9 a.m. to 4 p.m.</p> <p>Address: 787, boulevard Lebourgneuf Québec (Québec)</p>	<p>Montréal</p> <p>Service hours: Monday, Tuesday, Thursday and Friday: 8:30 a.m. to 4 p.m. Wednesday: 10:30 a.m. to 4 p.m.</p> <p>Address: 2050, rue De Bleury, RC 10 Montréal (Québec)</p>	<p>Address: Ministère du Revenu Direction du registraire des entreprises C. P. 1364 Québec (Québec) G1K 9B3</p>
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All the forms produced by the enterprise registrar can be filled out on this website.



The term "enterprise" used below refers to a natural person operating a sole proprietorship, a partnership, an association or other group, and a legal person.

Mandatory

Québec enterprise number (NEQ)									

1 - Identification of the enterprise: Natural person: enter the last name, first name and domicile of the natural person registered in the register.
Partnership, association/group: enter the name and domicile declared in the register.
Legal person: enter the name and domicile declared in the register.

Name									
No.	Street				Apt./suite	Municipality/city			
Province/state						Postal code		Country	

2 - Reason for striking off - Place an X in only one box.

Since there is no longer a registration requirement, the enterprise is producing this declaration to have its registration in the enterprise register struck off.	<input type="checkbox"/>
The enterprise registered voluntarily.	<input type="checkbox"/>
The natural person died:	<input type="checkbox"/>

Year	Month	Day

3 - Certification

I, _____ Person's first and last name (please print)
domiciled at, _____ No., street, apartment, municipality/city, province/state, postal code and country
swear that I am: the natural person operating the enterprise <input type="checkbox"/> the person authorized by the enterprise <input type="checkbox"/> the liquidator of the succession (for natural persons only) <input type="checkbox"/>
and that the information declared is true.

Signature (mandatory)

Date (year/month/day)

One copy of this declaration will be filed with the enterprise register and another copy will be returned to you.

**Sign and return both copies of this declaration.
Do not fax.**



**NEW BRUNSWICK
BUSINESS CORPORATIONS ACT
FORM 25**

**APPOINTMENT OF ATTORNEY FOR SERVICE
OR CHANGE OF ATTORNEY FOR SERVICE
EXTRA-PROVINCIAL CORPORATION**

Subsection 196(2) or
Subsections 203(1) and (3)

**NOUVEAU-BRUNSWICK
LOI SUR LES CORPORATIONS COMMERCIALES
FORMULE 25**

**NOMINATION DU PROCUREUR POUR FIN DE
SIGNIFICATION OU CHANGEMENT DU
PROCUREUR POUR FIN DE SIGNIFICATION
CORPORATION EXTRAPROVINCIALE**

Paragraphe 196(2) ou
Paragraphe 203(1) et (3)

1. Name of Extra-Provincial Corporation / Nom de la corporation extraprovinciale	2. Number / Numéro	3. <input type="checkbox"/> First Attorney Premier procureur <input type="checkbox"/> Change Changement
4. Address of Registered Office / Adresse du bureau enregistré		
5. Mailing Address (if different from registered office) / Adresse postale (si différente de l'adresse du bureau enregistré)		

6. The above-mentioned corporation has appointed

6. La corporation mentionnée ci-dessus a nommé

as the corporation's attorney for service in New Brunswick. All legal steps have been taken to effect the said appointment in the jurisdiction of incorporation and that person has consented to act as attorney for service, and is authorized to accept on behalf of the corporation service of process and any notices required to be served on the corporation in New Brunswick.

en qualité de procureur pour fin de signification de la corporation au Nouveau-Brunswick. Toutes mesures légales ont été prises en vue d'effectuer ladite nomination sous le régime de l'autorité législative en vertu de laquelle la constitution en corporation a été réalisée; la personne ainsi nommée a consenti à agir à ce titre et elle est autorisée à accepter au nom de la corporation tout acte de procédure et tout avis dont la signification est requise à l'égard de la corporation au Nouveau-Brunswick.

7. Address of Attorney for Service / Adresse du procureur pour fin de signification
8. Name and address of previous attorney for service (if applicable) / Nom et adresse de l'ancien procureur pour fin de signification, (le cas échéant)

Date _____ Signature _____

Position in the Corporation / Fonction dans la corporation _____

**ATTORNEY FOR SERVICE OR
CHANGE OF ATTORNEY
FORM 25
INSTRUCTIONS**

**PROCUREUR POUR FIN DE SIGNIFICATION
OU CHANGEMENT DE PROCUREUR
FORMULE 25
INSTRUCTIONS**

Format

Documents required to be sent to the Director pursuant to the *Business Corporations Act* must conform to sections 4 to 9 of this Regulation.

Item 1

Set out the full legal name of the extra-provincial corporation.

Item 2

Extra-provincial corporation number is the number assigned by the New Brunswick Corporation Registry to the extra-provincial corporation.

Item 3

Check the appropriate box. If it is the first attorney appointed for the purpose of the Act check "First Attorney". If it is a change of attorney check "Change".

Item 4

Registered office means the head office or principal office outside of New Brunswick.

Item 6

Set out the full name of attorney for service.

Item 7

Set out the residential address or address for service and telephone number of the attorney or new attorney for service.

Item 8

If it is a change of attorney, set out the name and residential address or address for service of the attorney who has been replaced.

Item 4, 5, 7 and 8

Set out the full address giving street number or R.R. Number, municipality or post office, province and postal code. P.O. Box is not sufficient.

The fee for filing is \$50.00, payable by cheque to Service New Brunswick.

Signature

A director or authorized officer of the extra-provincial corporation shall sign the notice.

Format

Les documents dont l'envoi au Directeur est requis en application de la *Loi sur les corporations commerciales* doivent être conformes aux articles 4 à 9 du présent règlement.

Article 1

Indiquer au complet la raison sociale légale de la corporation extraprovinciale.

Article 2

Le numéro de la corporation extraprovinciale est le numéro que le Registre corporatif du Nouveau-Brunswick assigne à la corporation extraprovinciale.

Article 3

Cocher la case appropriée. Cocher "Premier procureur" si le procureur est nommé aux fins de la loi pour la première fois. S'il s'agit d'un changement de procureur, cocher "Changement".

Article 4

Bureau enregistré désigne le siège social ou le bureau principal situé à l'extérieur du Nouveau-Brunswick.

Article 6

Indiquer le nom au complet du procureur pour fin de signification.

Article 7

Indiquer l'adresse résidentielle ou l'adresse pour fin de signification ainsi que le numéro de téléphone du procureur ou du nouveau procureur pour fin de signification.

Article 8

S'il s'agit d'un changement de procureur, indiquer le nom et l'adresse résidentielle ou l'adresse pour fin de signification du procureur qui a été remplacé.

Article 4, 5, 7 et 8

Indiquer l'adresse au complet, donnant le numéro de la rue ou le numéro de la R.R., la municipalité ou le bureau de poste, la province et le code postal. La seule mention de la case postale est insuffisante.

Les droits de dépôt sont de 50,00 \$ payables par chèque à Services Nouveau-Brunswick.

Signature

Un administrateur ou un dirigeant autorisé de la corporation extraprovinciale doit signer l'avis.

Completed documents in duplicate are to be sent to:

Corporate Registry
Service New Brunswick
P.O. Box 1998
Fredericton, New Brunswick
E3B 5G4
(506) 453-2703

Les documents complets, établis en double exemplaire, doivent être envoyés au :

Registre corporatif
Services Nouveau-Brunswick
C.P. 1998
Fredericton, Nouveau-Brunswick
E3B 5G4
(506) 453-2703



**NEW BRUNSWICK
BUSINESS CORPORATIONS ACT
FORM 25.1**

**NOUVEAU-BRUNSWICK
LOI SUR LES
CORPORATIONS COMMERCIALES
FORMULE 25.1**

**CONSENT TO ACT AS ATTORNEY
FOR SERVICE**

**CONSETEMENT À AGIR À TITRE
DE PROCUREUR POUR FIN
DE SIGNIFICATION**

**EXTRA-PROVINCIAL CORPORATION
(SECTION 193)**

**CORPORATION EXTRAPROVINCIALE
(ARTICLE 193)**

I, _____
(name of consenting individual or corporation in full)

Je soussigné, _____
(nom du particulier ou de la corporation consentant au complet)

of _____
(give full address with street number and name or the R.R. number, the municipality or post office, and the postal code)

de _____
(adresse au complet avec numéro et nom de la rue ou numéro de la R.R., la municipalité ou le bureau de poste et le code postal)

hereby consent to act as the attorney for service in New Brunswick

consens par les présentes à agir à titre de procureur pour fin de signification dans la province du Nouveau-Brunswick pour

of _____
(name of extra provincial corporation)

_____ (raison sociale de la corporation extraprovinciale)

pursuant to the appointment contained in Form 25 in that behalf executed by the extra-provincial corporation on the

conformément à la nomination mentionnée dans la Formule 25 signée par la corporation extraprovinciale

_____ day of _____, 20____,

le _____ 20____,

authorizing me to act as its attorney for service.

m'autorisant à agir à titre de procureur pour fin de signification de la corporation.

Dated this _____ day of _____

Fait à _____ le _____

20____

20____

Signature of Witness _____

Signature du témoin _____

Signature _____

Signature _____

Where attorney is a corporation, give position of person who signs on behalf of the corporation

Au cas où le procureur est une corporation, préciser la fonction de la personne qui signe au nom de la corporation

For Departmental Use Only

Réservé à l'usage du ministère

Filed

Déposé

**NEW BRUNSWICK
BUSINESS CORPORATIONS ACT
FORM 26
STATEMENT OF REGISTRATION
EXTRA-PROVINCIAL CORPORATION
(SECTION 197)**



**NOUVEAU-BRUNSWICK
LOI SUR LES CORPORATIONS
COMMERCIALES
FORMULE 26
DECLARATION D'ENREGISTREMENT
CORPORATION EXTRAPROVINCIALE
(ARTICLE 197)**

1. Name of Extra-Provincial Corporation / Nom de la corporation extraprovinciale	
2. Jurisdiction of Incorporation / Juridiction de constitution	3. Date of Incorporation / Date de constitution
4. Address of Registered Office / Adresse du bureau enregistré	
5. Mailing Address (if applicable) / Adresse postale (le cas échéant)	
6. The place in New Brunswick where the principal office is to be situated / Emplacement du bureau principal au Nouveau-Brunswick	
7. Description of business / Description des affaires au Nouveau-Brunswick	
8. Names and addresses of directors / Noms et adresses des administrateurs	

9. The extra-provincial corporation is a valid and subsisting corporation and has capacity to carry on business in New Brunswick and has appointed an attorney for service in New Brunswick.

9. La corporation extraprovinciale est une corporation valide et actuelle; elle est habilitée à exercer ses activités au Nouveau-Brunswick et à nommer son procureur pour fin de signification au Nouveau-Brunswick.

Date _____ Signature _____

Position in the Corporation
Fonction dans la corporation _____

FOR DEPARTMENTAL USE ONLY	RÉSERVÉ AU SEUL USAGE DU MINISTÈRE
Extra Provincial Corporation No. N° Corporation extraprovinciale	Filed Déposé

**BUSINESS CORPORATIONS ACT
STATEMENT OF REGISTRATION
EXTRA-PROVINCIAL CORPORATION
FORM 26
INSTRUCTIONS**

Format

Documents required to be sent to the Director pursuant to the *Business Corporations Act* must conform to sections 4 to 9 of this Regulation.

Item 1

Set out a proposed corporate name and any business name registered under the Partnerships and Business Names Registration Act which is required in order to comply with section 199 of the Act.

Item 2

State the jurisdiction where the extra-provincial corporation was incorporated.

Item 4

Registered office means the head office or principal office outside of New Brunswick.

Item 6

Set out the name of the place within New Brunswick where the principal office is to be situated. If there is no office, give name and address of attorney for service.

Item 7

State the principal business being carried out in New Brunswick.

Other documents

This statement must be accompanied by a copy of the existing certificate of incorporation, the appointment of the attorney for service in Form 25, the consent to act as attorney for service in Form 25.1 and the fee. For items 4, 5, 6 and 8, set out the full address giving the street number of R.R. number, municipality or Post Office, province and postal code. P.O. Box only is not sufficient. Note that a Form 29 must be sent to the Director within 30 days of any change of directors in accordance with subsection 206(1) and a Form 25 and 25.1 if there has been a change of attorney for service in accordance with subsection 203(1).

The fee for registration is \$212, which is payable by cheque to Service New Brunswick.

Signature

A director or authorized officer of the extra-provincial corporation shall sign the statement.

Completed documents in duplicate are to be sent to:

**Corporate Registry
Service New Brunswick
P.O. Box 1998
Fredericton, New Brunswick
E3B 5G4
(506) 453-2703**

**LOI SUR LES CORPORATIONS COMMERCIALES
DECLARATION D'ENREGISTREMENT
CORPORATION EXTRAPROVINCIALE
FORMULE 26
INSTRUCTIONS**

Format

Les documents dont l'envoi au Directeur est requis en application de la *Loi sur les corporations commerciales* doivent être conformes aux articles 4 à 9 du présent règlement.

Article 1

Indiquer la raison sociale proposée et toute appellation commerciale enregistrées en application de la Loi sur l'enregistrement des sociétés en nom collectif et des appellations commerciales; cette formalité est requise afin de permettre à la corporation d'être conforme à l'article 199 de la Loi.

Article 2

Déclarer la juridiction de constitution de la corporation extraprovinciale.

Article 4

Bureau enregistré désigne le siège social ou le bureau principal situé à l'extérieur du Nouveau-Brunswick.

Article 6

Indiquer le nom de la localité à l'intérieur du Nouveau-Brunswick où se trouve le bureau principal. A défaut de bureau, donner le nom et l'adresse du procureur pour fin de signification.

Article 7

Déclarer l'activité principale de la corporation au Nouveau-Brunswick.

Autres documents

Cette déclaration doit être accompagnée d'une copie du certificat de constitution déjà établie, la nomination du procureur pour fin de signification selon la formule 25, le consentement à agir à titre de procureur pour fin de signification selon la formule 25.1 et les droits. En ce qui concerne les articles 4, 5, 6 et 8, indiquer l'adresse au complet donnant le numéro de la rue ou de la R.R., la municipalité ou le bureau de poste, la province et le code postal. Le numéro de la case postale seul est insuffisant. Remarque qu'une formule 29 doit être envoyée au Directeur dans les 30 jours de tout changement d'administrateurs conformément au paragraphe 206(1) ainsi que les formules 25 et 25.1 en cas où il y a changement du procureur pour fin de signification conformément au paragraphe 203(1).

Les droits d'enregistrement sont de 212 \$ payables par chèque à Services Nouveau-Brunswick.

Signature

Un administrateur ou un dirigeant autorisé de la corporation extraprovinciale doit signer l'avis.

Les documents complets, établis en double exemplaires, doivent être envoyés au :

**Registre corporatif
Services Nouveau-Brunswick
C.P. 1998
Fredericton, Nouveau-Brunswick
E3B 5G4
(506) 453-2703**

ADDITIONAL INFORMATION FORM: Registration of an Extra-Provincial Corporation

The following information must accompany your extra-provincial corporation registration forms that are being sent to Corporate Registry

1) Information on the Business Number (BN)

A. Where the corporation has an existing BN, please provide it: _____

Your corporation will have a BN if you are incorporated in any jurisdiction in Canada or your corporation is a foreign corporation active in any jurisdiction in Canada.

B. Where the corporation does not have an existing BN, Service New Brunswick will obtain one on your behalf.

2) If you are unsure if your business has a BN or you require information regarding the BN, please call the CRA at 1-800-959-5525 or visit www.cra.gc.ca/bn

3) Additional Information

A. Corporate Certificate Number in the corporation's jurisdiction of incorporation: _____

B. Language preference for correspondence:

English

French

C. Person to contact regarding the application:

Name: _____

Position: _____

Telephone Area Code: _____ Telephone Number: _____

Fax Area Code: _____ Fax Number: _____

Email: _____

The above information is used to generate or confirm the BN, which serves as a common identifier for federal and provincial purposes. The Government of New Brunswick and the CRA have agreed to use the BN as a common business identifier. Over the coming months the New Brunswick government will continue to phase in use of the BN with provincial departments and agencies.

The following information, collected on the above form and on Service New Brunswick Corporate Registry forms will be sent to the CRA to confirm or create a BN:

- business or corporate name
- registration or incorporation dates
- owner or director names and their phone and fax numbers
- ownership type; physical and mailing address
- business phone and fax numbers
- contact names and their phone and fax numbers
- language preference

This information, including the BN, will also be retained in the Business Registration Service information system of SNB for administrative purposes and to facilitate future registrations. Corporate Registry will retain the BN, as well as information set out on its forms.

**NEW BRUNSWICK / CERTIFICATE OF BUSINESS NAME OR CERTIFICATE OF RENEWAL OF BUSINESS NAME
NOUVEAU-BRUNSWICK / CERTIFICAT D'APPELLATION COMMERCIALE OU CERTIFICAT DE RENOUELEMENT D'APPELLATION
COMMERCIALE**

**THE PARTNERSHIPS AND BUSINESS NAMES REGISTRATION ACT (SECTION 9 AND 9.1)
LOI SUR L'ENREGISTREMENT DES SOCIÉTÉS EN NOM COLLECTIF ET DES APPELLATIONS COMMERCIALES (ARTICLE 9 ET 9.1)**

1. Name or style to be registered / Appellation commerciale à enregistrer				
2. Business activity or service to be carried on, in or identified by the registered name Nature de l'activité ou des services dont s'occupe la firme pouvant être évoquée ou identifiée par l'appellation commerciale enregistrée				
3. Mailing address of corporation or business registering business name, giving street and number or R.R. number, and municipality. Adresse postale de la corporation ou de l'entreprise enregistrant l'appellation commerciale, donnant le numéro et la rue ou le numéro de la route rurale, et la municipalité.				
				Postal Code/Code postal
				<input type="text"/>
4. Date of establishing business under the name and style / Date de constitution de l'entreprise sous l'appellation commerciale				
Day/Jour	Month/Mois	Year/Année	Check if Renewal Cocher s'il s'agit d'un renouvellement	Telephone/Téléphone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
5. Name of the corporation or person registering name / Nom de la corporation ou de la personne enregistrant l'appellation commerciale				
6. Address where business is located / Adresse de l'entreprise				
				Postal Code/Code postal
				<input type="text"/>
7. Signature of Director or Officer or Person Signature de l'administrateur, du dirigeant ou de la personne			8. Name and title of the Signing Official Nom et titre du signataire	
<input type="text"/>			<input type="text"/>	

Registrar Use Only / Réserve à l'usage du registraire	
Reference No. / N° de référence	<input type="text"/>
Registration Date / Date d'enregistrement	<input type="text"/>
	Year/Année-Month/Mois-Day/Jour
Expiry Date / Date d'expiration	<input type="text"/>
	Year/Année-Month/Mois-Day/Jour

This registration expires in five years, but may be renewed. Renewal is your responsibility. The registration expiry date will be shown in your Confirmation of Registration.

Le délai d'expiration du présent enregistrement est de cinq ans, renouvelable. Toutefois, la responsabilité du renouvellement vous incombe. La date d'expiration de l'enregistrement sera indiquée dans votre Confirmation d'enregistrement.

**FORM / FORMULE 5
INSTRUCTIONS ON REVERSE SIDE / INSTRUCTIONS AU VERSO.**

INSTRUCTIONS

ELECTRONIC FILING OPTION

You are now able to file your business name registration or renewal of business name electronically with Corporate Registry. Please note certain conditions apply to on-line filing. Check our web site at <http://www.snb.ca>

ITEM 1

Print clearly the business name to be registered or renewed. For initial registration, we require an ATLANTIC based name search report (5 pages and covering letter) on your proposed business name.

A business name cannot have a legal ending, i.e. Ltd., Limited, Inc., Incorporated

ITEM 2

Indicate the business activity or service to be carried on.

ITEM 3

This should be the address where you wish correspondence from this office to be mailed. The address must be complete including a postal code.

ITEM 4

Indicate the date the business was established under the name being registered.

ITEM 5

Indicate the name of the person, corporation or partnership name registering the business name. **PLEASE NOTE THIS FORM IS NOT TO BE USED FOR A PARTNERSHIP NAME REGISTRATION.**

ITEM 6

Indicate the address where the business is to be located. A P.O. box number is not acceptable. The address must be complete including a postal code.

ITEM 7

Only the person, officer or director of the corporation, or partner of the partnership, registering the business name is authorized to sign the form.

ITEM 8

Set out the name and title of the signing official.

FEES

New registration: \$112

Renewal: \$62

Make payment to Service New Brunswick by cheque or money order. Fees include a mandatory publication fee in the Royal Gazette. **DO NOT SEND CASH IN THE MAIL.**

When completed, send the form and cheque to:

Corporate Registry
Service New Brunswick
P.O. Box 1998
Fredericton, New Brunswick
E3B 5G4

DIRECTIVES

ENREGISTREMENT ÉLECTRONIQUE

Vous pouvez maintenant soumettre une demande d'enregistrement ou de renouvellement d'une appellation commerciale en ligne au près du Registre corporatif. Il faut cependant respecter certaines conditions. Pour de plus amples renseignements, consultez notre site Web à l'adresse <http://www.snb.ca>.

POINT 1

Inscrivez lisiblement l'appellation commerciale à enregistrer ou à renouveler. Pour un enregistrement initial, vous devez annexer une copie du rapport de recherche de nom ATLANTIC (5 pages et la page d'accompagnement).

L'appellation commerciale ne peut pas comprendre une fin légale comme « limitée » ou « ltée », « incorporée » ou « inc. »

POINT 2

Indiquez l'activité ou le service commercial qui sera exercé.

POINT 3

Donnez l'adresse à laquelle nous devrions envoyer toute correspondance. L'adresse doit être complète et comprendre un code postal.

POINT 4

Indiquez la date d'établissement de l'entreprise sous la raison sociale enregistrée.

POINT 5

Inscrivez le nom de la personne, de la corporation ou de la société en nom collectif qui demande l'enregistrement de l'appellation commerciale. **CE FORMULAIRE NE DOIT PAS ÊTRE UTILISÉ POUR L'ENREGISTREMENT DES SOCIÉTÉS EN NOM COLLECTIF.**

POINT 6

Indiquez l'adresse de voirie de l'entreprise. (Un numéro de case postale n'est pas acceptable.) L'adresse doit être complète et comprendre un code postal.

POINT 7

Pour les fins de ce formulaire, le pouvoir de signature est réservé à la personne, le dirigeant ou administrateur de la corporation ou le partenaire de la société en nom collectif qui enregistre l'appellation commerciale.

POINT 8

Inscrivez le nom et le titre du signataire autorisé.

DROITS

Nouvel enregistrement : 112 \$

Renouvellement : 62 \$

Veillez annexer à votre demande un chèque ou mandat-poste libellé à l'ordre de Services Nouveau-Brunswick. Les droits comprennent les droits de publication obligatoires dans la *Gazette royale*. N'ENVOYEZ PAS D'ARGENT COMPTANT PAR LA POSTE.

Envoyez le formulaire dûment rempli et le paiement à l'adresse suivante :

Registre corporatif
Services Nouveau-Brunswick
C. P. 1998
Fredericton (Nouveau-Brunswick)
E3B 5G4

ADDITIONAL INFORMATION FORM: Business Name Registration

The following information must accompany your business name registration forms that are being sent to Corporate Registry

1) Information on the Business Number (BN)

A. Where the registrant of the business name has an existing BN, please provide it here: _____

You will have a BN if:

You have a Canada Revenue Agency (CRA) GST/HST account, an Import/Export account or a Payroll account.

Your business is incorporated.

Your organization is a registered charity.

B. Where the registrant of the business name does not have an existing BN, SNB will obtain one on your behalf.

If you are unsure if your business has a BN or you require information regarding the BN, please call the CRA at 1-800-959-5525 or visit <http://www.cra-arc.gc.ca/bn/>

2) Additional Information

A. The registrant of the business name is:

Sole Proprietor

Partnership

Corporation

Other

B. Language preference for correspondence:

English

French

C. Person to contact regarding the application:

Name: _____

Position: _____

Telephone Area Code: _____ Telephone Number: _____

Fax Area Code: _____ Fax Number: _____

Email: _____

The above information is used to generate or confirm the BN, which serves as a common identifier for federal and provincial purposes. The Government of New Brunswick and the CRA have agreed to use the BN as a common business identifier. Over the coming months the New Brunswick government will continue to phase in use of the BN with provincial departments and agencies.

The following information, collected on the above form and on Service New Brunswick Corporate Registry forms will be sent to the CRA to confirm or create a BN:

- the business or corporate name
- registration or incorporation dates
- owner or director names and their phone and fax numbers
- ownership type; physical and mailing address
- business phone and fax numbers
- contact names and their phone and fax numbers
- language preference

This information, including the BN, will also be retained in the Business Registration Service information system of SNB for administrative purposes and to facilitate future registrations. Corporate Registry will retain the BN, as well as information set out on its forms.

ADDITIONAL INFORMATION FORM: Business Name Registration

The following information must accompany your business name registration forms that are being sent to Corporate Registry

1) Information on the Business Number (BN)

A. Where the registrant of the business name has an existing BN, please provide it here: _____

You will have a BN if:

You have a Canada Revenue Agency (CRA) GST/HST account, an Import/Export account or a Payroll account.

Your business is incorporated.

Your organization is a registered charity.

B. Where the registrant of the business name does not have an existing BN, SNB will obtain one on your behalf.

If you are unsure if your business has a BN or you require information regarding the BN, please call the CRA at 1-800-959-5525 or visit <http://www.cra-arc.gc.ca/bn/>

2) Additional Information

A. The registrant of the business name is:

Sole Proprietor

Partnership

Corporation

Other

B. Language preference for correspondence:

English

French

C. Person to contact regarding the application:

Name: _____

Position: _____

Telephone Area Code: _____ Telephone Number: _____

Fax Area Code: _____ Fax Number: _____

Email: _____

The above information is used to generate or confirm the BN, which serves as a common identifier for federal and provincial purposes. The Government of New Brunswick and the CRA have agreed to use the BN as a common business identifier. Over the coming months the New Brunswick government will continue to phase in use of the BN with provincial departments and agencies.

The following information, collected on the above form and on Service New Brunswick Corporate Registry forms will be sent to the CRA to confirm or create a BN:

- the business or corporate name
- registration or incorporation dates
- owner or director names and their phone and fax numbers
- ownership type; physical and mailing address
- business phone and fax numbers
- contact names and their phone and fax numbers
- language preference

This information, including the BN, will also be retained in the Business Registration Service information system of SNB for administrative purposes and to facilitate future registrations. Corporate Registry will retain the BN, as well as information set out on its forms.

**NEW BRUNSWICK / CERTIFICATE OF BUSINESS NAME OR CERTIFICATE OF RENEWAL OF BUSINESS NAME
NOUVEAU-BRUNSWICK / CERTIFICAT D'APPELLATION COMMERCIALE OU CERTIFICAT DE RENOUELEMENT D'APPELLATION
COMMERCIALE**

**THE PARTNERSHIPS AND BUSINESS NAMES REGISTRATION ACT (SECTION 9 AND 9.1)
LOI SUR L'ENREGISTREMENT DES SOCIÉTÉS EN NOM COLLECTIF ET DES APPELLATIONS COMMERCIALES (ARTICLE 9 ET 9.1)**

1. Name or style to be registered / Appellation commerciale à enregistrer				
2. Business activity or service to be carried on, in or identified by the registered name Nature de l'activité ou des services dont s'occupe la firme pouvant être évoquée ou identifiée par l'appellation commerciale enregistrée				
3. Mailing address of corporation or business registering business name, giving street and number or R.R. number, and municipality. Adresse postale de la corporation ou de l'entreprise enregistrant l'appellation commerciale, donnant le numéro et la rue ou le numéro de la route rurale, et la municipalité.				
				Postal Code/Code postal
				<input type="text"/>
4. Date of establishing business under the name and style / Date de constitution de l'entreprise sous l'appellation commerciale				
Day/Jour	Month/Mois	Year/Année	Check if Renewal Cocher s'il s'agit d'un renouvellement	Telephone/Téléphone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
5. Name of the corporation or person registering name / Nom de la corporation ou de la personne enregistrant l'appellation commerciale				
6. Address where business is located / Adresse de l'entreprise				
				Postal Code/Code postal
				<input type="text"/>
7. Signature of Director or Officer or Person Signature de l'administrateur, du dirigeant ou de la personne			8. Name and title of the Signing Official Nom et titre du signataire	
<input type="text"/>			<input type="text"/>	

Registrar Use Only / Réserve à l'usage du registraire	
Reference No. / N° de référence	<input type="text"/>
Registration Date / Date d'enregistrement	<input type="text"/>
	Year/Année-Month/Mois-Day/Jour
Expiry Date / Date d'expiration	<input type="text"/>
	Year/Année-Month/Mois-Day/Jour

This registration expires in five years, but may be renewed. Renewal is your responsibility. The registration expiry date will be shown in your Confirmation of Registration.

Le délai d'expiration du présent enregistrement est de cinq ans, renouvelable. Toutefois, la responsabilité du renouvellement vous incombe. La date d'expiration de l'enregistrement sera indiquée dans votre Confirmation d'enregistrement.

**FORM / FORMULE 5
INSTRUCTIONS ON REVERSE SIDE / INSTRUCTIONS AU VERSO.**

INSTRUCTIONS

ELECTRONIC FILING OPTION

You are now able to file your business name registration or renewal of business name electronically with Corporate Registry. Please note certain conditions apply to on-line filing. Check our web site at <http://www.snb.ca>

ITEM 1

Print clearly the business name to be registered or renewed. For initial registration, we require an ATLANTIC based name search report (5 pages and covering letter) on your proposed business name.

A business name cannot have a legal ending, i.e. Ltd., Limited, Inc., Incorporated

ITEM 2

Indicate the business activity or service to be carried on.

ITEM 3

This should be the address where you wish correspondence from this office to be mailed. The address must be complete including a postal code.

ITEM 4

Indicate the date the business was established under the name being registered.

ITEM 5

Indicate the name of the person, corporation or partnership name registering the business name. **PLEASE NOTE THIS FORM IS NOT TO BE USED FOR A PARTNERSHIP NAME REGISTRATION.**

ITEM 6

Indicate the address where the business is to be located. A P.O. box number is not acceptable. The address must be complete including a postal code.

ITEM 7

Only the person, officer or director of the corporation, or partner of the partnership, registering the business name is authorized to sign the form.

ITEM 8

Set out the name and title of the signing official.

FEES

New registration: \$112

Renewal: \$62

Make payment to Service New Brunswick by cheque or money order. Fees include a mandatory publication fee in the Royal Gazette. **DO NOT SEND CASH IN THE MAIL.**

When completed, send the form and cheque to:

Corporate Registry
Service New Brunswick
P.O. Box 1998
Fredericton, New Brunswick
E3B 5G4

DIRECTIVES

ENREGISTREMENT ÉLECTRONIQUE

Vous pouvez maintenant soumettre une demande d'enregistrement ou de renouvellement d'une appellation commerciale en ligne au près du Registre corporatif. Il faut cependant respecter certaines conditions. Pour de plus amples renseignements, consultez notre site Web à l'adresse <http://www.snb.ca>.

POINT 1

Inscrivez lisiblement l'appellation commerciale à enregistrer ou à renouveler. Pour un enregistrement initial, vous devez annexer une copie du rapport de recherche de nom ATLANTIC (5 pages et la page d'accompagnement).

L'appellation commerciale ne peut pas comprendre une fin légale comme « limitée » ou « ltée », « incorporée » ou « inc. »

POINT 2

Indiquez l'activité ou le service commercial qui sera exercé.

POINT 3

Donnez l'adresse à laquelle nous devrions envoyer toute correspondance. L'adresse doit être complète et comprendre un code postal.

POINT 4

Indiquez la date d'établissement de l'entreprise sous la raison sociale enregistrée.

POINT 5

Inscrivez le nom de la personne, de la corporation ou de la société en nom collectif qui demande l'enregistrement de l'appellation commerciale. **CE FORMULAIRE NE DOIT PAS ÊTRE UTILISÉ POUR L'ENREGISTREMENT DES SOCIÉTÉS EN NOM COLLECTIF.**

POINT 6

Indiquez l'adresse de voirie de l'entreprise. (Un numéro de case postale n'est pas acceptable.) L'adresse doit être complète et comprendre un code postal.

POINT 7

Pour les fins de ce formulaire, le pouvoir de signature est réservé à la personne, le dirigeant ou administrateur de la corporation ou le partenaire de la société en nom collectif qui enregistre l'appellation commerciale.

POINT 8

Inscrivez le nom et le titre du signataire autorisé.

DROITS

Nouvel enregistrement : 112 \$

Renouvellement : 62 \$

Veillez annexer à votre demande un chèque ou mandat-poste libellé à l'ordre de Services Nouveau-Brunswick. Les droits comprennent les droits de publication obligatoires dans la *Gazette royale*. N'ENVOYEZ PAS D'ARGENT COMPTANT PAR LA POSTE.

Envoyez le formulaire dûment rempli et le paiement à l'adresse suivante :

Registre corporatif
Services Nouveau-Brunswick
C. P. 1998
Fredericton (Nouveau-Brunswick)
E3B 5G4

**NEW BRUNSWICK
BUSINESS CORPORATIONS ACT
FORM 32.1**



**NOUVEAU-BRUNSWICK
LOI SUR LES
CORPORATIONS COMMERCIALES
FORMULE 32.1**

NOTICE OF CHANGE OF NAME

**AVIS DE CHANGEMENT
DE RAISON SOCIALE**

**EXTRA-PROVINCIAL CORPORATION
(PARAGRAPH 206(1)(a))**

**CORPORATION EXTRAPROVINCIALE
(ALINÉA 206(1)a))**

1. Name of Extra-Provincial Corporation as registered

1. Raison sociale de la corporation extraprovinciale enregistrée

2. Extra-Provincial Corporation Number

2. Numéro de la corporation extraprovinciale

3. New name of Extra-Provincial Corporation

3. Nouvelle raison sociale de la corporation extraprovinciale

4. Date and description of how name was changed

4. Date et description du changement

Date	Signature	Position with Corporation Poste dans la corporation
------	-----------	--

For Departmental Use Only

Réservé à l'usage du ministère

Filed	Déposé
-------	--------

**NEW BRUNSWICK
BUSINESS CORPORATIONS ACT**

**NOTICE OF CHANGE OF NAME
FORM 32.1**

INSTRUCTIONS

An Atlantic (New Brunswick) Corporate Name NUANS Search Report is required to determine the suitability of the proposed corporate name. If unfamiliar with the requirement, please contact the Corporate Registry or inquire at the address below.

Signature

A director or authorized officer of the extra-provincial corporation shall sign the notice.

Completed documents and fees of \$212, payable to Service New Brunswick, are to be sent to:

**Corporate Registry
Service New Brunswick
P.O. Box 1998
Fredericton, New Brunswick
E3B 5G4
(506) 453-2703**

**NOUVEAU-BRUNSWICK
LOI SUR LES CORPORATIONS
COMMERCIALES**

**AVIS DE CHANGEMENT DE RAISON SOCIALE
FORMULE 32.1**

INSTRUCTIONS

Un rapport de recherche corporative atlantique (Nouveau-Brunswick) NUANS est requis afin d'établir la convenance de la raison sociale proposée. Si vous ne connaissez cette exigence, veuillez contacter le Registre corporatif ou vous informer à l'adresse ci-dessous.

Signature

Un administrateur ou un dirigeant autorisé de la corporation extraprovinciale doit signer l'avis.

Les documents complétés et les droits de 212 \$, payables à Services Nouveau-Brunswick, doivent être envoyés au :

**Registre corporatif
Services Nouveau-Brunswick
C.P. 1998
Fredericton, Nouveau-Brunswick
E3B 5G4
(506) 453-2703**

**CERTIFICATE OF CESSATION OF BUSINESS OR USE OF BUSINESS NAME
CERTIFICAT DE CESSATION DE L'ACTIVITE OU DE CESSATION D'EMPLOI DE L'APPELLATION COMMERCIALE**

**THE PARTNERSHIPS AND BUSINESS NAMES REGISTRATION ACT (SECTION 9)
LOI SUR L'ENREGISTREMENT DES SOCIETES EN NOM COLLECTIF ET DES APPELLATIONS COMMERCIALES (ARTICLE 9)**

1. Name or style registered / Appellation commerciale enregistrée	
2. Date of registering business name or style / Date d'enregistrement de l'appellation commerciale	
3. Date of cessation of business activity or service carried on, in or under the registered name (if applicable) Date de cessation de l'activité commerciale ou des services en cours, sous l'appellation enregistrée (si applicable)	
4. Date of cessation of use of business name or style registered (if applicable) Date de cessation de l'emploi de l'appellation commerciale enregistrée (si applicable)	
5. Name of the corporation or person / Raison sociale de la corporation ou nom de la personne	
6. Mailing address of the corporation or person / Adresse postale de la corporation ou de la personne	
7. Signature of Director or Officer or Person Signature de l'administrateur, du dirigeant ou de la personne	8. Name and title of the Signing Official Nom et titre du signataire
_____	_____

Registrar Use Only / Réservé à l'usage du registraire	
Reference No. / N° de référence	_____
Registration Date / Date d'enregistrement	_____
	Year/Année-Month/Mois-Day/Jour

FORM / FORMULE 6

ELECTRONIC CESSATION

You are now able to file your cessation of business or use of business name electronically with Corporate Registry. Please note certain conditions apply to on-line filing. Check our web site at www.snb.ca/BusinessNames

CESSATION ÉLECTRONIQUE

Vous pouvez maintenant soumettre une demande de cessation de l'activité ou de cessation d'emploi de l'appellation commerciale en ligne au près du Registre corporatif. Il faut cependant respecter certaines conditions. Pour de plus amples renseignements, consultez notre site Web à l'adresse www.snb.ca/appellationcommerciale

INSTRUCTIONS

1. The date of registering in item 2 must be the same as set out in the registration currently in force.
2. Item 6 should be the address where you wish correspondence from this office to be mailed. The address must be complete including a postal code.
3. The cost of publication of a notice in The Royal Gazette is \$12.00, payable to Service New Brunswick by cheque or money order.

When completed, send the form and cheque to:

**Corporate Registry
Service New Brunswick
P.O. Box 1998
Fredericton, New Brunswick
E3B 5G4**

DIRECTIVES

1. À la section 2, la date d'enregistrement de l'appellation commerciale doit être la même que celle énoncée dans l'enregistrement actuellement en vigueur.
2. À la section 6, donnez l'adresse à laquelle nous devrions envoyer toute correspondance. L'adresse doit être complète et comprendre un code postal.
3. Les frais de publication d'un avis dans la Gazette royale sont de 12,00 \$, payables à Services Nouveau-Brunswick par chèque ou mandat-poste.

Envoyez le formulaire dûment rempli et le paiement à l'adresse suivante :

**Registre corporatif
Services Nouveau-Brunswick
C. P. 1998
Fredericton (Nouveau-Brunswick)
E3B 5G4**



**BUSINESS CORPORATIONS ACT
FORM 30
STATEMENT OF AMALGAMATION
EXTRA-PROVINCIAL CORPORATION
(SECTION 207)**

1 - Name of Amalgamated Extra-Provincial Corporation

2 - Place of Amalgamation

3 - Address of registered office

4 - Mailing Address (if applicable)

5 - The place within New Brunswick where the principal office is to be situated

6 - Description of business in New Brunswick

7 - Names and addresses of directors of amalgamated extra-provincial corporation

Name	Residential Address or Address for Service
------	--

8 - Names and addresses of officers of amalgamated extra-provincial corporation

Name	Residential Address or Address for Service
------	--

9 - The amalgamation agreement has been legally approved and the relevant instruments effecting the amalgamation and agreements are attached.

10 - Name of Amalgamating Extra-Provincial Corporations	Extra-Provincial Corporation No.	Signature	Date	Description of Office

FOR DEPARTMENT USE ONLY

Extra-Provincial Corporation No.

Filed:

**BUSINESS CORPORATIONS ACT
STATEMENT OF AMALGAMATION
EXTRA-PROVINCIAL CORPORATION
FORM 30
INSTRUCTIONS**

Format

Documents required to be sent to the Director pursuant to the Business Corporations Act must conform to sections 4 to 9 of this Regulation.

Item 1

Set out a proposed name for the amalgamated extra-provincial corporation and any business name registered under the Partnerships and Business Names Registration Act which is required in order to comply with section 199 of the Act.

Item 2

Set out the state or province where the amalgamation took place.

Item 5

Set out the name of the place within New Brunswick where the principal office is to be situated. A post office box alone is not sufficient. If there is no office, give address and telephone number of attorney for service.

Item 6

State the principal business being carried out in New Brunswick.

Item 7

State the number of directors & the full residential address or address for service and telephone number of each director. It is permissible to specify a minimum and maximum number of directors.

Item 8

Set out name in full, residential address or address for service, and telephone number of each officer.

Item 9

Attach the instruments effecting the amalgamation and the amalgamation agreement if any.

Item 10

Name the amalgamating extra-provincial corporations.

Attach an appointment of an attorney for service in Form 25 and consent to act as attorney for service in Form 25.1

For Items 3, 4, 5, 7 and 8, set out the street number or RR number, municipality or Post Office, province and postal code. P.O. Box is not enough.

The fee for filing is \$200.00, plus \$12.00 publication fee, payable by cheque to Service New Brunswick.

Signature

A director or authorized officer of the amalgamated extra-provincial corporation shall sign the statement.

Completed documents in duplicate and fees, payable to Service New Brunswick, are to be sent to:

Corporate Registry
Service New Brunswick
P.O. Box 1998
Fredericton, New Brunswick
E3B 5G4

ADDITIONAL INFORMATION FORM: Statement of Amalgamation for an Extra-Provincial Corporation

The following information must accompany your statement of amalgamation forms that are being sent to Service New Brunswick Corporate Registry

1) Information on the Business Number (BN)

A. Where the amalgamation has an existing BN, please provide it here: _____

Your corporation will have a BN you are incorporated in any jurisdiction in Canada;

Your corporation is a foreign corporation active in any jurisdiction in Canada.

B. Where corporation does not have an existing BN, Service New Brunswick will obtain one on your behalf.

If you are unsure if your business has a BN or you require information regarding the BN, please call the CRA at 1 800 959-5525 or visit <http://www.cra-arc.gc.ca/bn/>

Additional Information

A. Corporate Certificate Number in the corporation's jurisdiction of incorporation: _____

B. Language preference for correspondence:

English

French

C. Person to contact regarding the application:

Name: _____

Position: _____

Telephone Area Code: _____ Telephone Number: _____

Fax Area Code: _____ Fax Number: _____

Email: _____

The above information is used to generate or confirm the BN, which serves as a common identifier for federal and provincial purposes. The Government of New Brunswick and the CRA have agreed to use the BN as a common business identifier. Over the coming months the New Brunswick government will continue to phase in use of the BN with provincial departments and agencies.

The following information, collected on the above form and on Service New Brunswick Corporate Registry forms will be sent to the CRA to confirm or create a BN:

- business or corporate name
- registration or incorporation dates
- owner or director names and their phone and fax numbers
- ownership type; physical and mailing address
- business phone and fax numbers
- contact names and their phone and fax numbers
- language preference

This information, including the BN, will also be retained in the Business Registration Service information system of SNB for administrative purposes and to facilitate future registrations. Corporate Registry will retain the BN, as well as information set out on its forms.



Application for Registration

(Under the *Extra-provincial Corporations Registration Act* R.S.P.E.I. 1988, Cap. E-14)

Mail to:

Office of the Attorney General
Consumer, Corporate and Insurance Services
PO Box 2000, Charlottetown, PE C1A 7N8
Tel: 902 368 4550 Fax: 902 368 5283
www.gov.pe.ca

Return in person to:

95 Rochford Street, 4th floor
Charlottetown, PE C1A 3T6

1. Name of the corporation _____

2. Mailing Address:

Street/Post Office Box _____

City/Province/Postal Code _____

3. Address of head office (if different from above):

Street/Post Office Box _____

City/Province/Postal Code _____

4. Address of applicant's place of business in Prince Edward Island (if applicable):

Street/Post Office Box _____

City/Province/Postal Code _____

5. Jurisdiction of incorporation _____

6. Nature of business carried on by the applicant _____

7. The undersigned hereby declares that the information herein furnished is correct and accurate, and on behalf of the above noted applicant, applies for registration under the provisions of the *Extra-provincial Corporations Registration Act*.

Name of signing officer (print or type) _____

Title of signing officer _____

Signature of the signing officer _____

Date: _____



PLEASE NOTE

This document, prepared by the Legislative Counsel Office, is an office consolidation of this regulation, current to February 1, 2004. It is intended for information and reference purposes only.

This document is *not* the official version of these regulations. The regulations and the amendments printed in the Royal Gazette should be consulted to determine the authoritative text of these regulations.

For more information concerning the history of these regulations, please see the Table of Regulations.

If you find any errors or omissions in this consolidation, please contact:

Legislative Counsel Office
Tel: (902) 368-4291
Email: legislation@gov.pe.ca

CHAPTER C-4
CHARITIES ACT
FORMS REGULATIONS

Made by the Minister of Justice with the approval of the Lieutenant Governor in Council under the *Charities Act* R.S.P.E.I. 1988, Cap. C-4.

1. The forms of applications for registration of charities and charitable funds, certificates of registration and a register of charities shall be as set out in the Schedule hereto.

SCHEDULE

OFFICE OF THE ATTORNEY GENERAL

CHARITIES ACT
APPLICATION FOR REGISTRATION OF A CHARITY

- (a) Name of applicant.....
- (b) Name of charity
- (c) Address in P.E.I.
- (d) Name of authorizing officer
- (e) Brief summary of proposed activities
- (f) Number and location of branches of charity in Prince Edward Island

The above named applicant hereby declares that the information herein furnished is correct and accurate, and applies for a Registration Certificate under the provisions of the *Charities Act*

.....
Signature of Applicant

For Office Use Only
APPROVED

DATE ISSUED

REGISTRATION NO.

OFFICE OF THE ATTORNEY GENERAL

**CHARITIES ACT
APPLICATION FOR REGISTRATION OF A CHARITABLE FUND**

- (a) Name of applicant
- (b) Address in P.E.I.
- (c) Name of fund
- (d) Name of authorizing officer
- (e) Purpose of fund.....
- (f) Brief description of method of collection

The above named applicant hereby declares that the above information is correct and accurate and applies for registration of the above named fund

.....
Signature of Applicant

For Office Use Only
APPROVED.....
DATE

REGISTRATION NO

OFFICE OF THE ATTORNEY GENERAL

**CHARITIES ACT
CERTIFICATE OF REGISTRATION OF A CHARITY**

The Attorney General of the Province of Prince Edward Island hereby certifies that
..... has registered as a charity under the provisions of the above mentioned
Statute, and being satisfied that the provisions of the Statute have been complied with and
that the application for registration was made in good faith, the Attorney General issues this
Registration Certificate.

Dated at Charlottetown in Prince Edward Island this
day of, 20

Deputy Attorney General

NAME OF CHARITY

Charitable Fund	Registration Date	Under Auspices of	Authorizing Officer	Termination Date
--------------------	----------------------	----------------------	------------------------	---------------------

(EC272/80; 79/84; 521/84; 639/93;699/00)

Yg3048-b (1)



STATEMENT OF REGISTRATION
BUSINESS CORPORATIONS ACT EXTRA-TERRITORIAL CORPORATIONS (SECTION 278) FORM 11-01
DEMANDE D'ENREGISTREMENT

LOI SUR LES SOCIÉTÉS PAR ACTIONS DU YUKON - SOCIÉTÉS EXTRA-TERRITORIALES (ARTICLE 278) FORMULAIRE 11-01

SEE INSTRUCTIONS ON REVERSE • INSTRUCTIONS AU VERSO

1. NAME OF CORPORATION / DÉNOMINATION SOCIALE :		
2. DATE OF INCORPORATION / DATE DE LA CONSTITUTION :		
YY AA	MM MM	DD JJ
<input type="checkbox"/>	AMALGAMATION DE LA FUSION	<input type="checkbox"/>
		CONTINUATION DE LA PROROGATION
3. JURISDICTION OF INCORPORATION, AMALGAMATION OR CONTINUATION : LIEU DE LA CONSTITUTION, DE LA FUSION OU DE LA PROROGATION :		
4. HEAD OFFICE ADDRESS INSIDE OR OUTSIDE YUKON / ADRESSE DU SIÈGE SOCIAL, AU YUKON OU AILLEURS :		
5. PRINCIPAL BUSINESS OF CORPORATION / PRINCIPALE ACTIVITÉ DE LA SOCIÉTÉ :		
6. WAS THIS CORPORATION EVER INCORPORATED OR PREVIOUSLY REGISTERED IN THE YUKON? LA SOCIÉTÉ A-T-ELLE DÉJÀ ÉTÉ ENREGISTRÉE AU YUKON? <input type="checkbox"/> YES / OUI <input type="checkbox"/> NO / NON		
IF YES, UNDER WHAT NAME WAS IT INCORPORATED OR REGISTERED? / DANS L’AFFIRMATIVE, SOUS QUELLE DÉNOMINATION SOCIALE?		
CORPORATE NAME / DÉNOMINATION SOCIALE :		
7. IS THIS CORPORATION VALID AND SUBSISTING IN ITS HOME JURISDICTION? LA SOCIÉTÉ EST-ELLE EN RÉGLE ET ACTIVE DANS SON LIEU DE CONSTITUTION? <input type="checkbox"/> YES / OUI <input type="checkbox"/> NO / NON		
8. DATE / DATE	SIGNATURE / SIGNATURE	TITLE / TITRE

Personal information contained on this form is collected under the *Business Corporations Act* and will be used to compile a public registry. For further information, contact Corporate Affairs at (867) 667-5314, toll free within Yukon 1-800-661-0408, Ext 5314.
Les renseignements personnels contenus dans ce document sont recueillis en vertu de la Loi sur les sociétés par actions et seront utilisés afin d'établir un registre public. Pour plus de renseignements, veuillez communiquer avec Entreprises, associations et coopératives, au (867) 667-5314, ou sans frais au Yukon au 1-800-661-0408, poste 5314.

Statement of Registration Extra Territorial Corporation

BUSINESS CORPORATIONS ACT

Instructions:

Please submit this information for filing with the Registrar of Corporations to:

Corporate Affairs, C-6
Department of Community Services
Box 2703
Whitehorse, Yukon Y1A 2C6

- 1. Name of Corporation:** Use the full legal name of the corporation.
- 2. Date of:** Indicate the date the corporation came into existence by incorporation, continuation or amalgamation.
- 3. Jurisdiction of incorporation, amalgamation, continuation.**
- 4. Head office address inside or outside Yukon:** This must be the physical registered office address of the corporation.
- 5. Principal business of corporation**
- 6. Indicate** whether or not the corporation was previously registered in Yukon, and under what name.
- A corporation registering in Yukon **must** be valid and subsisting in its home jurisdiction. A Certificate of Good Standing from the home jurisdiction is required to support this statement.
- 8. Signature:** This document must be signed by a director, officer or authorized agent of the corporation.

Other documents required:

- Notice of Attorney for Service, Form 11-02
- Notice of Directors and Officers, Form 1-03
- Certified True Copies of Charter documents, certificates and any amendments filed in the home jurisdiction.
- A Certificate of Good Standing from the home jurisdiction
- The **fee** to register an Extra Territorial corporation is **\$320.00**, which includes the \$20.00 Yukon Gazette fee.

Demande d'enregistrement Société extra-territoriale

LOI SUR LES SOCIÉTÉS PAR ACTIONS

Instructions :

Veillez faire parvenir les renseignements demandés à l'adresse suivante pour dépôt auprès du registraire des sociétés :

Entreprises, associations et coopératives, C-6
Ministère des Services aux collectivités
C.P. 2703
Whitehorse (Yukon) Y1A 2C6

- 1. Dénomination sociale :** Inscrivez la dénomination sociale au long.
- 2. Date de :** Indiquez la date de la constitution de la société en personne morale, de sa prorogation ou de la fusion dont elle est issue.
- 3. Lieu de la constitution, de la fusion ou de la prorogation.**
- 4. Adresse du siège social, qu'il soit au Yukon ou ailleurs :** Il faut donner l'adresse géographique du siège social de la société.
- 5. Principale activité de la société.**
- 6. La société a-t-elle déjà été enregistrée au Yukon?** Dans l'affirmative, indiquez sous quelle dénomination sociale.
- 7. Les sociétés demandant l'enregistrement au Yukon doivent être actives et en règle auprès des autorités compétentes dans leur lieu de constitution, ce dont doit faire foi un certificat émis à cette fin par les autorités en question.**
- 8. Signature :** Le formulaire doit être signé par un administrateur/une administratrice, un dirigeant/une dirigeante ou un agent/une agente autorisé(e).

Autres pièces requises :

- Désignation de fondé de pouvoir aux fins de signification, Formulaire 11-02.
- Avis concernant les administrateurs/administratrices et les directeurs/directrices, Formulaire 1-03.
- Copies certifiées conformes des actes constitutifs, des certificats et de toutes modifications déposées auprès des autorités compétentes au lieu de constitution.
- Certificat émis par les autorités compétentes au lieu de constitution attestant que la société est en règle.
- Des **droits de 320 \$** s'appliquent aux demandes d'enregistrement des sociétés extra-territoriales, ce qui inclut les droits de publication dans la Gazette du Yukon, soit 20 \$.

Clear Form

Print Form

Yg 3048 -b(2)

**DÉSIGNATION D'UN FONDÉ DE POUVOIR AUX FINS DE SIGNIFICATION
CHANGEMENT DE FONDÉ DE POUVOIR
DÉSIGNATION D'UN FONDÉ DE POUVOIR SUPPLÉANT**

LOI SUR LES SOCIÉTÉS PAR ACTIONS DU YUKON - SOCIÉTÉS EXTRA-TERRITORIALES
(ARTICLES 278 ET 286) FORMULAIRE 11-02

SEE INSTRUCTIONS ON REVERSE • INSTRUCTIONS AU VERSO

1. NAME OF CORPORATION / DÉNOMINATION SOCIALE :									
2 CORPORATE ACCESS NUMBER / NUMÉRO D'ENREGISTREMENT :									
3. <input type="checkbox"/> FIRST ATTORNEY FOR SERVICE PREMIER FONDÉ DE POUVOIR									
<input type="checkbox"/> ALTERNATE ATTORNEY FOR SERVICE FONDÉ DE POUVOIR SUPPLÉANT		<input type="checkbox"/> CHANGE OF ATTORNEY FOR SERVICE NOUVEAU FONDÉ DE POUVOIR							
4. THE BOARD OF DIRECTORS OF THE ABOVE-MENTIONED CORPORATION HAS APPOINTED LE CONSEIL D'ADMINISTRATION DE LA SOCIÉTÉ SUSMENTIONNÉE A DÉSIGNÉ									
AS THE CORPORATION'S ATTORNEY FOR SERVICE / AU TITRE DE FONDÉ DE POUVOIR DE LA SOCIÉTÉ AUX FINS DE SIGNIFICATION.									
5. FULL ADDRESS (POST OFFICE BOX NOT SUFFICIENT) OF ATTORNEY FOR SERVICE IN YUKON: ADRESSE GÉOGRAPHIQUE COMPLÈTE DU FONDÉ DE POUVOIR (IL NE PEUT S'AGIR D'UN SIMPLE CASIER POSTAL)									
6. I JE,		HEREBY CONSENT TO ACT AS THE ATTORNEY FOR SERVICE OF THE ABOVE NAMED CORPORATION. CONSENS PAR LES PRÉSENTES À AGIR À TITRE DE FONDÉ DE POUVOIR DE LA SOCIÉTÉ SUSMENTIONNÉE.							
DATED / EN DATE DU		SIGNATURE OF ATTORNEY FOR SERVICE SIGNATURE DU FONDÉ DE POUVOIR							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YY</td> <td style="width: 33%; text-align: center;">MM</td> <td style="width: 33%; text-align: center;">DD</td> </tr> <tr> <td style="text-align: center;">AA</td> <td style="text-align: center;">MM</td> <td style="text-align: center;">JJ</td> </tr> </table>		YY	MM	DD	AA	MM	JJ		
YY	MM	DD							
AA	MM	JJ							
WITNESS / TÉMOIN	NAME / NOM	ADDRESS / ADRESSE	SIGNATURE / SIGNATURE						
7. DATE / DATE	SIGNATURE / SIGNATURE	TITLE / TITRE							

Personal information contained on this form is collected under the *Business Corporations Act* and will be used to compile a public registry. For further information, contact Corporate Affairs at (867) 667-5314, toll free within Yukon 1-800-661-0408, Ext. 5314.

Les renseignements personnels contenus dans ce document sont recueillis en vertu de la Loi sur les sociétés par actions et seront utilisés afin d'établir un registre public. Pour plus de renseignements, veuillez communiquer avec Entreprises, associations et coopératives, au (867) 667-5314, ou sans frais au Yukon au 1-800-661-0408, ext. 5314.

Notice (or Change) of Attorney for Service Extra Territorial Corporation

BUSINESS CORPORATIONS ACT

Instructions:

Please submit this information for filing with the Registrar of Corporations to:

Corporate Affairs, C-6
Department of Community Services
Box 2703
Whitehorse, Yukon Y1A 2C6

- 1. Name of Corporation:** Use the full legal name of the corporation.
- 2. Corporate Access Number:** If the corporation is already registered, this five-digit number will be noted on your certificate of registration or amalgamation.
- 3. Indicate** whether you are filing a notice of First Attorney for Service, Alternate Attorney for Service, or a Notice of Change of Attorney for Service.
- 4. The Board of Directors has appointed...:** Provide the full name of your attorney for service. This person does not have to be a lawyer.
- 5. Full Address:** The address of the Attorney for Service must be:
 - a) A physical Yukon address, and
 - b) Accessible to the public during normal business hours, and
 - c) Readily identifiable from the address or other description given.
- 6. Consent and Witness:** The individual appointed in item 4 must consent to act as the Attorney for Service for the corporation. His/Her signature must be witnessed.
- 7. Signature:** This document must be signed by a director, officer or authorized agent of the corporation.

The **fee** required to file a Notice of Attorney for Service is **\$15.00.**

Désignation du fondé de pouvoir aux fins de signification Sociétés extra-territoriales

LOI SUR LES SOCIÉTÉS PAR ACTIONS

Instructions :

Veillez faire parvenir les renseignements demandés à l'adresse suivante pour dépôt auprès du registraire des sociétés :

*Entreprises, associations et coopératives, C-6
Ministère des Services aux collectivités
C.P. 2703
Whitehorse (Yukon) Y1A 2C6*

- 1. Dénomination sociale :** *Inscrivez la dénomination sociale au long.*
- 2. Numéro d'enregistrement :** *Si la société est déjà enregistrée, il s'agit du numéro à cinq chiffres figurant sur le certificat d'inscription ou de fusion.*
- 3. Indiquez** *s'il s'agit de la désignation d'un premier fondé de pouvoir, d'un fondé de pouvoir suppléant ou d'un nouveau fondé de pouvoir.*
- 4. Le conseil d'administration de la société susmentionnée a désigné**
Donnez le nom au complet de la personne désignée pour agir comme fondé de pouvoir aux fins de signification. Il n'est pas nécessaire que cette personne soit avocate.
- 5. Adresse géographique complète :** *Le bureau du fondé de pouvoir doit :*
 - avoir une adresse géographique au Yukon;
 - être accessible au public durant les heures normales de bureau;
 - être facilement identifiable d'après l'adresse ou à partir de tout autre élément descriptif fourni.
- 6. Consentement et identification et signature d'un témoin :** *La personne désignée au point 4 doit indiquer qu'elle consent à agir comme fondé de pouvoir pour la société et un témoin doit attester de l'authenticité de sa signature.*
- 7. Signature :** *Le formulaire doit être signé par un administrateur/une administratrice, un dirigeant/une dirigeante ou un agent/une agente autorisé(e).*

Les droits afférents à un avis de désignation de fondé de pouvoir aux fins de signification sont de 15 \$.

PARTNERSHIP AND BUSINESS NAMES ACT
DECLARATION OF BUSINESS NAME

LOI SUR LES DÉNOMINATIONS SOCIALES ET SUR LES SOCIÉTÉS DE PERSONNES
DÉCLARATION D'UTILISATION D'UNE DÉNOMINATION SOCIALE

Instructions on Reverse

Instructions au verso

1. Business name (50 characters or less)
Dénomination sociale (50 caractères ou moins) _____

2. Is this... original declaration? renewal declaration?
S'agit-il d'... une première déclaration? un renouvellement de déclaration?

If this is a renewal declaration, give the registration number:
Si c'est un renouvellement de déclaration, indiquer le numéro d'enregistrement : _____

3. Physical location
Adresse de voirie _____

4. Business activity (80 letters or less of description)
Activité commerciale (en 80 caractères ou moins) _____

5. Mailing address
Adresse postale _____

Town or city and territory/province
Ville, village et territoire/province _____

Postal code
Code postal _____

6. Operating from
Date du début des opérations _____
Y • A M • M D • J

7. Proprietor (individual name or corporation name and registration number)
Propriétaire (nom du particulier ou dénomination sociale et numéro d'enregistrement)

8. Physical address of proprietor
Adresse de voirie du/de la propriétaire _____

I certify that the above information is correct and that I am the sole proprietor.
Je certifie que les renseignements fournis sont corrects, et que je suis le seul propriétaire/la seule propriétaire.

Dated at _____ on the _____ day of _____ year
Fait à _____ le _____ jour de/d' _____ année.

Signature of proprietor
Signature du/de la propriétaire _____

Personal information contained on this form is collected under the *Partnership and Business Names Act* and will be used to compile a public registry. For further information, contact the Manager, Corporate Affairs at (867) 667-5314, toll free within Yukon 1-800-661-0408 Ext. 5314.

Les renseignements personnels contenus dans ce document sont recueillis en vertu de la Loi sur les sociétés de personnes et seront utilisés afin d'établir un registre public. Pour plus de renseignements, veuillez communiquer avec le directeur, Entreprises, associations et coopératives, au (867) 667-5314, ou sans frais au Yukon au 1-800-661-0408 poste 5314.

Declaration of Business Name

PARTNERSHIP AND BUSINESS NAMES ACT

Instructions:

Please submit this information for filing and registration with the Partnership and Business Names Registry to:

Corporate Affairs, C-6
Department of Community Services
Box 2703
Whitehorse, Yukon Y1A 2C6

- 1. Business Name:** Record your business name, as approved by the Registrar of Corporations, in full.
- 2. Identify** whether you are submitting a new registration or a renewal of an existing registration.
- 3. Physical Location:** Your business must be in the Yukon. Provide the complete physical address here.
- 4. Business Activity:** Briefly (80 characters or less) describe your main business activities.
- 5. Mailing Address:** Provide the mailing address for the business.
- 6. Operating From:** Give the date you started your business. This date must be on or prior to the registration date.
- 7. Proprietor:** The proprietor of the business may be an individual or a corporation.
 - Individuals must be 19 years or older.
 - Corporations must be duly registered or incorporated in Yukon and must be in good standing.
- 8. Physical Address of Proprietor:** Provide the complete physical address of the proprietor. For a corporation, this must be the registered office or the attorney for service address.

Dated at: Self-explanatory.

Signature of Proprietor: The individual proprietor must sign, or, in the case of a corporation, a director, officer, or authorized agent of the corporation must sign the document.

The **fee** to file a Declaration of Business Name is **\$25.00**, plus an additional **\$12.50** if any endorsed copies are desired. Business names are not published in the Yukon Gazette.

Déclaration d'utilisation d'une dénomination sociale

LOI SUR LES DÉNOMINATIONS SOCIALES ET SUR LES SOCIÉTÉS DE PERSONNES

Instructions :

Veillez faire parvenir les renseignements demandés pour dépôt et enregistrement auprès du Bureau d'enregistrement des sociétés de personnes et dénominations sociales :

Entreprises, associations et coopératives, C-6
Ministère des Services aux collectivités
C.P. 2703
Whitehorse (Yukon) Y1A 2C6

- 1. Dénomination sociale :** Inscrivez votre dénomination sociale au long telle que l'a approuvée le registraire des sociétés.
- 2. Indiquez s'il s'agit** d'une nouvelle déclaration ou d'un renouvellement de déclaration.
- 3. Adresse géographique :** Votre entreprise doit être située au Yukon. Donnez ici l'adresse géographique complète.
- 4. Activité commerciale :** Donnez une brève description (80 caractères ou moins) de la nature de vos activités.
- 5. Adresse postale :** Fournissez l'adresse postale de l'entreprise.
- 6. Date du début des activités :** Indiquez depuis quand vous êtes en affaires. La date indiquée doit correspondre à la date de l'enregistrement ou lui être antérieure.
- 7. Nom du/de la propriétaire :** Le ou la propriétaire doit être un particulier/une particulière ou une personne morale
 - Les particuliers doivent être âgés de 19 ans ou plus.
 - Les personnes morales doivent être enregistrées ou incorporées au Yukon et être en règle.
- 8. Adresse géographique du/de la propriétaire :** Indiquez l'adresse géographique complète du/de la propriétaire. S'il s'agit d'une personne morale, donnez l'adresse du bureau enregistré ou celle du fondé de pouvoir de la société.

Fait à : (se passe d'explication).

Signature du/de la propriétaire : Le particulier ou la particulière propriétaire doit signer. S'il s'agit d'une personne morale, un administrateur, un dirigeant ou un agent autorisé doit signer la déclaration.

Les **droits** exigés pour la déclaration de dénomination sociale sont de **25 \$**, plus **12,50 \$** pour des copies visées. Les dénominations sociales ne sont pas publiées dans la Gazette du Yukon.

NOTICE OF ASSUMED NAME
BUSINESS CORPORATIONS ACT EXTRA-TERRITORIAL CORPORATION
(SECTION 281 AND SECTION 87 OF THE PARTNERSHIP AND BUSINESS NAMES ACT) FORM 14-01
DÉCLARATION DE DÉNOMINATION D'EMPRUNT
SOCIÉTÉS EXTRA-TERRITORIALES
(ARTICLE 281 DE LA LOI SUR LES SOCIÉTÉS PAR ACTIONS DU YUKON ET
87 DE LA LOI SUR LES DÉNOMINATIONS SOCIALES ET SUR LES SOCIÉTÉS DE PERSONNES)

1. NAME OF CORPORATION / DÉNOMINATION SOCIALE :

2. PROPOSED ASSUMED NAME FOR USE IN YUKON PURSUANT TO SECTION 281 AND SECTION 87 OF THE PARTNERSHIP AND BUSINESS NAMES ACT:
DÉNOMINATION D'EMPRUNT QUE LA SOCIÉTÉ ENTEND UTILISER POUR LA CONDUITE DE SES AFFAIRES AU YUKON SELON L'ARTICLE 281 DE
LA LOI SUR LES SOCIÉTÉS PAR ACTIONS DU YUKON ET L'ARTICLE 87 DE LA LOI SUR LES DÉNOMINATIONS SOCIALES ET SUR LES SOCIÉTÉS
DE PERSONNES :

3. DATE / DATE

SIGNATURE / SIGNATURE

TITLE / TITRE

Personal information contained on this form is collected under the *Business Corporations Act* and will be used to compile a public registry. For further information, contact the Manager, Corporate Affairs at (867) 667-5314, toll free within Yukon 1-800-661-0408.

Les renseignements personnels contenus dans ce document sont recueillis en vertu de la Loi sur les sociétés par actions et seront utilisés afin d'établir un registre public. Pour plus de renseignements, veuillez communiquer avec le directeur, Entreprises, associations et coopératives, au (867) 667-5314, ou sans frais au Yukon au 1-800-661-0408.

Notice of Assumed Name Extra Territorial Corporation

BUSINESS CORPORATIONS ACT

Instructions:

Please submit this information for filing with the Registrar of Corporations to:

Corporate Affairs, C-6
Department of Community Services
Box 2703
Whitehorse, Yukon Y1A 2C6

- 1. Name of Corporation:** Use the full legal name of the corporation, as it is registered.
- 2. Proposed Assumed Name for use in the Yukon:** Please ensure this name has been approved by the Registrar prior to submitting these documents for filing.
- 3. Signature:** This document must be signed by a director, officer, or authorized agent of the corporation.

The **fee** required to file a Notice of Assumed Name is **\$75.00**.

Déclaration de dénomination d'emprunt - Sociétés extra-territoriales

LOI SUR LES SOCIÉTÉS PAR ACTIONS

Instructions :

Veillez faire parvenir les renseignements demandés à l'adresse suivante pour dépôt auprès du registraire des sociétés :

*Entreprises, associations et coopératives, C-6
Ministère des Services aux collectivités
C.P. 2703
Whitehorse (Yukon) Y1A 2C6*

- 1. Dénomination sociale :** *Inscrivez au long la dénomination sociale sous laquelle la société a été enregistrée.*
- 2. Dénomination d'emprunt que la société entend utiliser pour la conduite de ses affaires au Yukon :** *Veillez vous assurer que cette dénomination a été approuvée par le registraire avant de déposer le présent formulaire.*
- 3. Signature :** *Le formulaire doit être signé par un administrateur/une administratrice, un dirigeant/une dirigeante ou un agent/une agente autorisé(e).*

*Les droits afférents à une déclaration de dénomination d'emprunt sont de **75 \$**.*

SEE INSTRUCTIONS ON REVERSE • SEE INSTRUCTIONS ON REVERSE

1. CORPORATION NAME / DÉNOMINATION SOCIALE :	
2. CORPORATE ACCESS NUMBER / NUMÉRO D'ENREGISTREMENT :	
3. PHYSICAL REGISTERED OFFICE ADDRESS / ADRESSE GÉOGRAPHIQUE DU BUREAU ENREGISTRÉ :	
4. MAILING ADDRESS / ADRESSE POSTALE :	5. FOR THE YEAR ENDING / POUR L'ANNÉE (year) / (année)

6. DATE OF / DATE		<input type="checkbox"/> INCORPORATION DE LA CONSTITUTION	<input type="checkbox"/> REGISTRATION DE L'ENREGISTREMENT	<input type="checkbox"/> AMALGAMATION DE LA FUSION	<input type="checkbox"/> CONTINUATION DE LA PROROGATION
YY	MM	DD			
AA	MM	JJ			

7. DIRECTORS / ADMINISTRATEURS/ADMINISTRATRICES	
NAME / NOM :	ADDRESS / ADRESSE :
NAME / NOM :	ADDRESS / ADRESSE :
NAME / NOM :	ADDRESS / ADRESSE :
NAME / NOM :	ADDRESS / ADRESSE :
NAME / NOM :	ADDRESS / ADRESSE :

8. OFFICERS (example: President, Secretary, etc.) / DIRIGEANTS/DIRIGEANTES (p. ex., président/présidente, secrétaire, etc.)	
NAME / NOM :	OFFICE HELD / CHARGE :
NAME / NOM :	OFFICE HELD / CHARGE :
NAME / NOM :	OFFICE HELD / CHARGE :
NAME / NOM :	OFFICE HELD / CHARGE :
NAME / NOM :	OFFICE HELD / CHARGE :

All filing required by the Yukon *Business Corporations Act* have been made relating to any change in:

1. Directors (Form 1-03)
2. Registered office address (Form 1-02, 11-04)
3. Attorney(s) for Service Address(es) (Form 11-03)
4. Articles, statements (Forms 1-01, 2-01, 11-01, or 12-01)

La société a déposé tous les documents exigés en vertu de la Loi sur les sociétés par actions concernant un changement survenu à l'égard de l'un ou l'autre des éléments suivants :

1. Administrateurs/administratrices — Formulaire 1-03
2. Adresse du bureau enregistré — Formulaires 1-02 ou 11-04
3. Adresse du ou des fondés de pouvoir — Formulaire 11-03
4. Statuts, déclarations — Formulaires 1-01, 2-01, 11-01, or 12-01

9. DATE / DATE	SIGNATURE / SIGNATURE	TITLE / TITRE

Annual Return

BUSINESS CORPORATIONS ACT

Instructions:

Please submit this information for filing with the Registrar of Corporations to:

Corporate Affairs, C-6
Department of Community Services
Box 2703
Whitehorse, Yukon Y1A 2C6

- 1. Corporate Name:** The full legal name of the corporation as noted on the certificate of incorporation, registration, continuance or amalgamation.
- 2. Corporate Access Number:** This 5-digit registration number is found on the certificate of incorporation, registration, continuance or amalgamation.
- 3. Head Office Address:** Provide the physical registered office address as recorded on the most recently filed Notice of Address.
- 4. Mailing Address:** Provide the mailing address for the corporation, as recorded on the most recently filed Notice of Address or the Statement of Registration.
- 5. For the Year Ending:** Indicate the year covered by this return.
- 6. Record the anniversary date** of the corporation. This is the date the corporation was incorporated, continued, registered or amalgamated in the Yukon.
- 7. Directors:** Provide the names and addresses of the directors of the corporation.
- 8. Officers:** Provide the names of the officers of the corporation, and the positions held.
- 9. Signature:** The annual return must be signed by a director, officer, or authorized agent of the corporation.

The filing fee of **\$15.00** must accompany this document.

Déclaration annuelle

LOI SUR LES SOCIÉTÉS PAR ACTIONS

Instructions :

Veillez faire parvenir les renseignements demandés à l'adresse suivante pour dépôt auprès du registraire des sociétés :

*Entreprises, associations et coopératives, C-6
Ministère des Services aux collectivités
C.P. 2703
Whitehorse (Yukon) Y1A 2C6*

- 1. Dénomination sociale :** *Inscrivez la dénomination sociale au long telle qu'elle figure sur le certificat de constitution, d'enregistrement, de prorogation ou de fusion.*
- 2. Numéro d'enregistrement :** *Il s'agit du numéro à cinq chiffres inscrit sur le certificat de constitution, d'enregistrement, de prorogation ou de fusion.*
- 3. Adresse géographique du bureau enregistré :** *Inscrivez l'adresse géographique du bureau enregistré telle qu'elle figure sur l'avis d'adresse le plus récent.*
- 4. Adresse postale :** *Inscrivez l'adresse postale de la société telle qu'elle figure sur l'avis d'adresse le plus récent.*
- 5. Pour l'année :** *Inscrivez l'année faisant l'objet de la présente déclaration.*
- 6. Date d'anniversaire de la société :** *Il s'agit de la date à laquelle la société a été constituée, enregistrée, prorogée ou enregistrée à titre de société issue d'une fusion au Yukon.*
- 7. Administrateurs/administratrices :** *Indiquez le nom et l'adresse des membres du conseil d'administration de la société.*
- 8. Dirigeants/dirigeantes :** *Indiquez le nom des dirigeants/dirigeantes et leur charge.*
- 9. Signature :** *La déclaration annuelle doit être signée par un administrateur/une administratrice, un dirigeant/une dirigeante ou un agent/une agente autorisé(e).*

Des droits de 15 \$ doivent accompagner la déclaration annuelle.

**STATEMENT OF INTENT TO DISSOLVE
REVOCATION OF INTENT TO DISSOLVE**
BUSINESS CORPORATIONS ACT (SECTION 213) FORM 8-01
**DÉCLARATION D'INTENTION DE DISSOLUTION
DÉCLARATION DE RENONCIATION À LA DISSOLUTION**
LOI SUR LES SOCIÉTÉS PAR ACTIONS DU YUKON (ARTICLE 213) FORMULAIRE 8-01

1. NAME OF CORPORATION / DÉNOMINATION SOCIALE :		
2. CORPORATE ACCESS NUMBER / NUMÉRO D'ENREGISTREMENT :		
3. THE CORPORATION INTENDS TO LIQUIDATE AND DISSOLVE / LA SOCIÉTÉ A L'INTENTION DE PROCÉDER À UNE LIQUIDATION ET DISSOLUTION :		
<input type="checkbox"/> YES OUI	<input type="checkbox"/> NO NO	
4. THE CORPORATION REVOKES ITS INTENT TO DISSOLVE / LA SOCIÉTÉ RENONCE À LA DISSOLUTION :		
<input type="checkbox"/> YES OUI	<input type="checkbox"/> NO NO	
5. DATE / DATE	SIGNATURE / SIGNATURE	TITLE / TITRE

Personal information contained on this form is collected under the *Business Corporations Act* and will be used to compile a public registry. For further information, contact the Manager, Corporate Affairs at (867) 667-5314, toll free within Yukon 1-800-661-0408.

Les renseignements personnels contenus dans ce document sont recueillis en vertu de la Loi sur les sociétés par actions et seront utilisés afin d'établir un registre public. Pour plus de renseignements, veuillez communiquer avec le directeur, Entreprises, associations et coopératives, au (867) 667-5314, ou sans frais au Yukon au 1-800-661-0408.

Statement (or Revocation) of Intent to Dissolve

BUSINESS CORPORATIONS ACT

Instructions:

Please submit this information for filing with the Registrar of Corporations to:

Corporate Affairs, C-6
Department of Community Services
Box 2703
Whitehorse, Yukon Y1A 2C6

1. **Name of Corporation:** Enter the full legal name of the corporation.
 2. **Corporate Access Number:** This five-digit number will be noted on your certificate of registration or amalgamation.
 3. **Indicate** that the corporation intends to liquidate and dissolve, or
 4. **Indicate** that the corporation is revoking its intent to dissolve.
 5. **Signature:** This document must be signed by a director, officer or authorized agent of the corporation.
- The **fee** to file a Notice of Intent to Dissolve is **\$20.00**, which represents the Yukon Gazette fee.
 - The **fee** to revoke a corporation's Notice of Intent to Dissolve is **\$95.00**, which includes the **\$20.00** Yukon Gazette fee.

Déclaration d'intention de dissolution ou de renonciation à dissolution

LOI SUR LES SOCIÉTÉS PAR ACTIONS

Instructions :

Veillez faire parvenir les renseignements demandés à l'adresse suivante pour dépôt auprès du registraire des sociétés :

Entreprises, associations et coopératives, C-6
Ministère des Services aux collectivités
C.P. 2703
Whitehorse (Yukon) Y1A 2C6

1. **Dénomination sociale :** Inscrivez la dénomination sociale au long.
 2. **Numéro d'enregistrement :** Il s'agit du numéro à cinq chiffres figurant sur le certificat d'enregistrement ou de fusion.
 3. **Signifier l'intention de la société de procéder à une liquidation et à une dissolution**
ou
 4. **Signifier le désir de la société de renoncer à la dissolution**
 5. **Signature :** Le formulaire doit être signé par un administrateur/une administratrice, un dirigeant/une dirigeante ou un agent/une agente autorisé(e).
- Des droits de **20 \$** s'appliquent pour une déclaration d'intention de dissolution, ce qui représente les frais de publication dans la Gazette du Yukon.
 - Les droits exigés pour une déclaration de renonciation à la dissolution sont de **95 \$**, ce qui inclut les droits de publication dans la Gazette du Yukon, soit **20 \$**.

DECLARATION OF CESSATION OF BUSINESS NAME

PARTNERSHIP AND BUSINESS NAMES ACT 1998/92

DÉCLARATION DE CESSATION D'UTILISATION D'UNE DÉNOMINATION SOCIALE

LOI SUR LES DÉNOMINATIONS SOCIALES ET SUR LES SOCIÉTÉS DE PERSONNES 1998/92

1. Business name
Dénomination sociale _____

2. Registration number
Numéro d'enregistrement _____

3. Mailing address
Adresse postale _____

Town or city and territory/province
Ville, village et territoire/province _____

Postal code
Code postal _____

4. Date ceased
Date de cessation _____

Y • A M • M D • J

5. Proprietor
Propriétaire _____

6. Physical address (of proprietor)
Adresse de voirie (du/de la propriétaire) _____

I certify that the above information is correct.

Je certifie que les renseignements énoncés ci-dessus sont corrects.

Dated at _____ **on the** _____ **day of** _____
Fait à _____ **le** _____ **jour de/d'** _____

Signature of proprietor
Signature du/de la propriétaire _____

Personal information contained on this form is collected under the *Partnership and Business Names Act* and will be used to compile a public registry. For further information, contact the Manager, Corporate Affairs at (867) 667-5314, toll free within Yukon 1-800-661-0408.

Les renseignements personnels contenus dans ce document sont recueillis en vertu de la Loi sur les sociétés de personnes et seront utilisés afin d'établir un registre public. Pour plus de renseignements, veuillez communiquer avec le directeur, Entreprises, associations et coopératives, au (867) 667-5314, ou sans frais au Yukon au 1-800-661-0408.

Corporate Affairs, C-6
Box 2703, Whitehorse, Yukon Y1A 2C6
(867) 667-5314, toll free 1-800-661-0408

*Entreprises, associations et coopératives, C-6
C.P. 2703, Whitehorse (Yukon) Y1A 2C6
(867) 667-5314; sans frais, 1-800-661-0408*

APPLICATION TO REINSTATE AN EXTRA-TERRITORIAL CORPORATION

BUSINESS CORPORATIONS ACT EXTRA-TERRITORIAL CORPORATION

(SECTION 283) FORM 13-01

**DEMANDE DE RÉTABLISSEMENT D'ENREGISTREMENT D'UNE
SOCIÉTÉ EXTRA-TERRITORIALE**

LOI SUR LES SOCIÉTÉS PAR ACTIONS DU YUKON - SOCIÉTÉS EXTRA-TERRITORIALES
(ARTICLE 283) FORMULAIRE 13-01

1. NAME OF CORPORATION / DÉNOMINATION SOCIALE :		
2. DATE REGISTRATION OF CORPORATION CANCELLED / DATE DE L'ANNULATION DE L'ENREGISTREMENT :		
3. JURISDICTION OF INCORPORATION / LIEU DE LA CONSTITUTION :		
4. REGISTERED OFFICE ADDRESS INSIDE OR OUTSIDE THE YUKON / ADRESSE DU BUREAU ENREGISTRÉ, AU YUKON OU AILLEURS :		
5. FORM 11-02 IS / LE FORMULAIRE 11-02 FIGURE <input type="checkbox"/> ATTACHED / EN ANNEXE <input type="checkbox"/> FILED / EN DOSSIER		
6. DATE / DATE	SIGNATURE / SIGNATURE	TITLE / TITRE

Personal information contained on this form is collected under the *Business Corporations Act* and will be used to compile a public registry. For further information, contact the Manager, Corporate Affairs at (867) 667-5314, toll free within Yukon 1-800-661-0408.

Les renseignements personnels contenus dans ce document sont recueillis en vertu de la Loi sur les sociétés par actions et seront utilisés afin d'établir un registre public. Pour plus de renseignements, veuillez communiquer avec le directeur, Entreprises, associations et coopératives, au (867) 667-5314, ou sans frais au Yukon au 1-800-661-0408.

Application to Reinstate an Extra Territorial Corporation

BUSINESS CORPORATIONS ACT

Instructions:

Please submit this information for filing with the Registrar of Corporations to:

Corporate Affairs, C-6
Department of Community Services
Box 2703
Whitehorse, Yukon Y1A 2C6

- 1. Name of Corporation:** Use the full legal name of the corporation.
- 2. Date registration was cancelled:** This date would have been noted on your strike off notice, or other correspondence identifying the area of non-compliance. You may also contact the Corporate Registry for this information.
- 3. Jurisdiction of Incorporation:** Provide the home jurisdiction of the corporation.
- 4. Registered office address inside or outside the Yukon:** This address must be a physical address.
- 5. Form 11-02 (Notice of Attorney for Service):** Every extra territorial corporation is required to have an attorney for service in Yukon. If you are going to use the same attorney as previously noted on your registration, check "filed", otherwise, attach a new form.
- 6. Signature:** The form must be signed by a director, officer, or authorized agent of the corporation.

The Application to Reinstate must be filed with the following:

- All annual returns (using the original registration date as the anniversary date)
- All changes of directors
- All changes of address
- Certificate of Status from the home jurisdiction
- Fee - **\$320.00** (this includes the \$20.00 Yukon Gazette fee)

Please Note: Filing fees are still required for annual returns, and other notices filed in support of the reinstatement.

Demande de rétablissement d'enregistrement d'une société extra-territoriale

LOI SUR LES SOCIÉTÉS PAR ACTIONS

Instructions :

Veillez faire parvenir les renseignements demandés à l'adresse suivante pour dépôt auprès du registraire des sociétés :

Entreprises, associations et coopératives, C-6
Ministère des Services aux collectivités
C.P. 2703
Whitehorse (Yukon) Y1A 2C6

- 1. Dénomination sociale :** Inscrivez la dénomination sociale au long.
- 2. Date à laquelle l'enregistrement a été annulé :** Cette date doit figurer sur l'avis d'annulation d'enregistrement qui vous a été envoyé ou sur toute autre pièce de correspondance vous avisant que vous étiez en contravention de la Loi. Vous pouvez aussi obtenir cette information du registraire des sociétés.
- 3. Lieu de la constitution :** Indiquez la région administrative en vertu des lois de laquelle la société a été constituée.
- 4. Adresse du bureau enregistré :** Il doit s'agir d'une adresse géographique.
- 5. Formulaire 11-02 (Désignation d'un fondé de pouvoir aux fins de signification) :** La société extra-territoriale est tenue d'avoir un fondé de pouvoir aux fins de signification établi au Yukon. Si la société compte recourir aux services du même fondé de pouvoir, cochez la case «en dossier», sinon annexe un nouveau formulaire.
- 6. Signature :** Le formulaire doit être signé par un administrateur/une administratrice, un dirigeant/une dirigeante ou un agent/une agente autorisé(e).

La demande de rétablissement doit s'accompagner des pièces suivantes :

- Déclarations annuelles (utilisez la date d'enregistrement initiale comme date d'anniversaire)
- Avis de changement d'administrateurs/administratrices
- Avis de changement d'adresse
- Certificat de solvabilité émis par les autorités compétentes dans le lieu de constitution
- Droits de **320 \$** (ce qui inclut les droits de publication dans la Gazette du Yukon, soit 20 \$)

Nota : Des droits distincts sont exigés pour le dépôt des déclarations annuelles ainsi que tout autre avis devant être déposé avec le présent formulaire.

REQUEST FOR NAME RESERVATION
BUSINESS CORPORATIONS ACT
SUBSECTION 11(2)

PROPOSED NAME:

Please search and reserve the proposed name for the use of

APPLICANT OR NOMINEE

in accordance with the instructions noted below.

Renewal of reservation which expires _____, 20____.

SEARCH AND RESERVATION FOR:

Incorporation;

Continuance as a territorial corporation;

Extra-territorial registration;

Revival of a territorial corporation;

Change of name of a territorial corporation;

Reinstatement of an extra-territorial corporation;

Change of name of an extra-territorial corporation;

Assumed name for extra-territorial corporation.

Amalgamation of a territorial corporation;

Special Instructions:

Amalgamation of an extra-territorial corporation;

Dated this _____ day of _____, 20____.

Signature

Not approved _____

Approved and expires on _____, 20____. Conditions, if any: _____

FORWARD TWO COPIES TO:

Registrar of Corporations
Department of Justice
Government of the Northwest Territories
Yellowknife, Northwest Territories X1A 2L9

(One endorsed copy will be returned)

Dated this _____ day of _____, 20____

Deputy / Registrar of Corporations

NAME SEARCHES AND RESERVATIONS (Instructions)

The following procedures govern the approval of names under the *Business Corporations Act*.

Name Searches

The approval of the name and, therefore, a name search, is required in various circumstances. In particular, a name search would be required for the following filings:

1. Incorporation;
2. Continuance of a territorial company as a territorial corporation (if a change of name is being effected);
3. Extra-territorial registration;
4. Change of name of territorial and extra-territorial corporations;
5. Amalgamation in which the name of the amalgamated corporation is not that of a registered predecessor corporation;
6. Continuance of a corporation as a territorial corporation;
7. Revival of a territorial corporation;
8. Reinstatement of registration of an extra-territorial corporation;
9. Use of an assumed name by an extra-territorial corporation.

The name search is conducted in the corporate (territorial and extra-territorial) databases and the *Partnership Act* (partnerships and business names) database. A search of the corporate name is not required in the case of corporations incorporated by or under an Act of the Parliament of Canada or in the case of numbered corporations. The search fee of \$25.00 is applicable whether or not the name is approved.

Name Reservations - Corporate Names

A name search and reservation request is made by submitting the attached form. The form may be photocopied or reproduced on computer. The completed form must be submitted in duplicate together with the \$25.00 fee (payable by cash, cheque, money order, VISA or MasterCard). Name search and reservation requests may also be submitted by fax. In this case, the completed form need not be submitted in duplicate, but payment by VISA or MasterCard must accompany the request. The request must specify the credit card number, the name of the card holder and the expiry date of the card. Unless otherwise specified, the result will be forwarded by fax. The fee is not refunded if the name is not approved.

The name reservation is effective for a period of 90 days, and a name reservation may be renewed for additional periods of 90 days prior to the expiration of the existing reservation. Renewals of existing reservations are submitted using the same form (and identifying that it is a renewal of an existing reservation)

and must be accompanied by the fee of \$25.00. If a reservation has expired, a new name search and reservation request must be submitted.

Please note that the reservation of a name is not an absolute guarantee that the name will be available at the time the documents are submitted. A Federal corporation, partnership or business name registration with a similar name may be registered or filed during the reservation period as we have no authority to refuse these registrations or filings. We then have no alternative but to consider these names at the time that the documents in respect of the reserved name are submitted for registration.

The reservation of a name is not an absolute prerequisite to registration. However, registrations will not be effected as quickly if the name has not been reserved. In addition, there will always be the risk that the name will not be approved or that it will be approved on conditions that have not been anticipated. We would, therefore, recommend that names be searched and reserved in advance of documents being prepared.

If a name has not been reserved, the documents submitted for registration should be accompanied by a name search and reservation request and an additional \$25.00 to cover the fee. If the name is available but the documents are rejected for some other reason, we will still reserve the name for 90 days from the date the documents are rejected. For this reason, we would suggest that the fee for the name search and reservation be submitted separately when payment is being made by cheque or money order.

Name Reservations - Trade Names

There is no provision in the *Business Corporations Act* for the filing of trade names by either territorial or extra-territorial corporations. Business names may be filed by corporations under the provisions of the *Partnership Act*. As a result, the name search and reservation procedure is not applicable to these filings.

April 1, 1998



FORM 21
BUSINESS CORPORATIONS ACT
NOTICE OF REGISTERED OFFICE OR NOTICE OF
CHANGE OF REGISTERED OFFICE EXTRA-
TERRITORIAL CORPORATION
FORMULE 21

LOI SUR LES SOCIÉTÉS PAR ACTIONS
AVIS DE DÉSIGNATION OU DE
CHANGEMENT DE
BUREAU ENREGISTRÉ D'UNE SOCIÉTÉ

FILED-DÉPÔT

No.: _____

Date: _____

DEPUTY/REGISTRAR OF CORPORATIONS
REGISTRAIRE OU REGISTRAIRE ADJOINT DES SOCIÉTÉS

1) Name of Corporation

Dénomination social de la société

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2) Postal and street address of registered office
(including postal code) in the Northwest Territories

Adresse du bureau enregistré dans les Territoires du
Nord-Ouest (y compris le code postal)

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3) Post office box designated as the address for service by mail,
if any, (including postal code) in the Northwest Territories

Boîte postale désignée comme adresse aux fins de signification
par courrier dans les Territoires du Nord-Ouest, s'il y a lieu
(y compris le code postal)

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Date	Signature	Title (Director, Officer or Solicitor) Titre (Administrateur, dirigeant ou avocat)



FORM 18
BUSINESS CORPORATIONS ACT
STATEMENT OF REGISTRATION EXTRA-
TERRITORIAL CORPORATION
FORMULE 18
LOI SUR LES SOCIÉTÉS PAR ACTIONS
DÉCLARATION D'ENREGISTREMENT D'UNE
SOCIÉTÉ EXTRATERRITORIALE

FILED-DÉPÔT	
No.:	_____
Date:	_____
DEPUTY/REGISTRAR OF CORPORATIONS REGISTRAIRE OU REGISTRAIRE ADJOINT DES SOCIÉTÉS	

1) Name of corporation Dénomination sociale de la société

--

2) Assumed name under which the corporation will carry on business in the Northwest Territories and which has been approved by the Registrar Dénomination d'emprunt approuvée par le registraire sous laquelle la société va exercer une activité commerciale dans les Territoires du Nord-Ouest

--

3) Does this corporation carry on business for gain? YES OUI La société est-elle à but lucratif?
 NO NON

4) Postal and street address of head office (including postal code) Adresse du siège social (y compris le code postal)

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5) The directors of this corporation are: Les administrateurs de la présente société sont :

Name - Nom	Postal and street address (including postal code) Adresse (y compris le code postal)

IMPORTANT: If required Schedule of additional directors is attached.
 Si exigé Une liste d'administrateurs supplémentaires est jointe.

6) If the corporation was ever incorporated or previously registered in the Northwest Territories, under what name and registration number was it incorporated or registered? Si la société a déjà été constituée ou enregistrée dans les Territoires du Nord-ouest, sous quelle dénomination sociale et quel numéro l'a-t-elle été ?

Name - Nom	Registration No. d'enregistrement

7) The following documents are attached: Les documents suivants sont joints :

a) Copy of the charter of the corporation verified in a manner satisfactory to the Registrar	a) Une copie de la charte de la société attestée d'une façon que le registraire estime satisfaisante
b) Notice of Registered Office (completed Form 21)	b) L'avis de désignation du bureau enregistré (Formule 21 remplie)

Date	Signature	Title (Director or Officer) Titre (Administrateur ou dirigeant)