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Freedom of Information and Protection of Privacy Act (FOIPPA): Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Business Corporations Act for the purposes of assessment.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

INSTRUCTIONS:

Please type or print clearly in block letters and ensure that the form is signed and dated in ink.

- Item B Enter the name exactly as shown on the extraprovincial company's Certificate of Registration...
Item C Enter the delivery and mailing address of the head office of the extraprovincial company...
Item D If a foreign entity that is registered as an extraprovincial company has a change respecting their jurisdiction and/or the identifying number...

Note: If the foreign entity that is registered as an extraprovincial company is party to an amalgamation or similar process, and the corporation resulting from that amalgamation will continue to carry on business in BC...

Item E This is the signature of the authorized signing authority for the extraprovincial company. If the authorized signing authority is an attorney for the extraprovincial company...

Filing Fee: \$20.00 Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the registry with authorization to debit the fee from your BC OnLine Deposit Account.

PLEASE ENTER THE COMPANY EMAIL ADDRESS FOR CORRESPONDENCE

A REGISTRATION NUMBER OF EXTRAPROVINCIAL COMPANY

B NAME OF EXTRAPROVINCIAL COMPANY

C CHANGE OF ADDRESS OF HEAD OFFICE

If there has been a change to the delivery and/or the mailing address of head office shown in the corporate register for the extraprovincial company, enter the address below.

DELIVERY ADDRESS OF HEAD OFFICE PROVINCE / STATE COUNTRY POSTAL CODE / ZIP CODE

MAILING ADDRESS OF HEAD OFFICE PROVINCE / STATE COUNTRY POSTAL CODE / ZIP CODE

D CHANGE OF JURISDICTION AND/OR IDENTIFYING NUMBER

If there has been a change to the jurisdiction and/or identifying number shown in the corporate register for the extraprovincial company, enter that change below.

Jurisdiction changed to: _____ or [] N/A

Date of change of jurisdiction: [] YYYY / MM / DD or [] N/A

Identifying number changed to: _____

E CERTIFIED CORRECT - I have read this form and found it to be correct.

NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE EXTRAPROVINCIAL COMPANY

SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE EXTRAPROVINCIAL COMPANY

DATE SIGNED

YYYY / MM / DD

X