



Telephone: 1 877 526-1526 www.bcregistryservices.gov.bc.ca

Mailing Address: PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3

Location: 200 - 940 Blanshard Street Victoria BC V8W 3E6

Instructions:

Please type or print clearly and ensure that the form is signed and dated in ink. Complete all areas of the form. Attach an additional sheet if more space is required.

- Item A: Enter the incorporation number of the cooperative association.
Item B: Enter the cooperative association's name exactly as shown on the Certificate of Incorporation, Amalgamation, Continuation or Change of Name.
Item C: Enter the date of the Annual General Meeting.
Item E: Enter the complete physical address.
Item F: List full name and address of all directors as of the adjournment of the Annual General Meeting.

Filing Fee: \$30.00 Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the Corporate Registry authorization to debit the fee from your BC OnLine Deposit Account.

A INCORPORATION NUMBER OF COOPERATIVE ASSOCIATION

CP

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

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 Cooperative Association Act for the purposes of assessment.

B NAME OF COOPERATIVE ASSOCIATION

C DATE OF FINANCIAL YEAR END YYYY / MM / DD

D DATE OF ANNUAL GENERAL MEETING YYYY / MM / DD

E FULL PHYSICAL ADDRESS OF REGISTERED OFFICE (Include postal code)

PROVINCE BC POSTAL CODE

F DIRECTORS (List full names and addresses of all directors)

Table with 5 columns: LAST NAME, FIRST NAME & INITIALS (IF ANY), RESIDENTIAL ADDRESS, PROVINCE/STATE, POSTAL CODE/ZIP CODE

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

NAME OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION (Please print)

SIGNATURE OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION

DATE SIGNED YYYY / MM / DD

X