

## **ANNUAL REPORT**

## FORM 6S **BC SCHOOL DISTRICT BUSINESS COMPANY**

Section 51 Business Corporations Act

Telephone: 1 877 526-1526 PO Box 9431 Stn Prov Govt 200 - 940 Blanshard Street Mailing Address: Location: www.bcregistryservices.gov.bc.ca Victoria BC V8W 9V3 Victoria BC V8W 3E6

## **INSTRUCTIONS:**

- · Please type or print clearly in block letters and ensure that the form is signed and dated in ink.
- Filing Fee \$43.39
- Submit this form with cheque or money order made

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 purpose of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Executive Coordinator of the BC Registry Services

at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

registry with authorization to debit the fee fi your BC OnLine Deposit Account. Please p	OFFICE USE ON	OFFICE USE ONLY - DO NOT WRITE IN THIS AREA			
Canadian dollars or in the equivalent amoun US funds.	t of				
A INCORPORATION NUMBER OF COMPANY					
B NAME OF COMPANY					
C DATE OF RECOGNITION					
YYYY / MM / DD	YYYY / MM / DD				
each of the company's officers, if any. The office mailing address for the office at which the individ business days or (b) the delivery address and, if address must not be a post office box. Attach an	r may select to provice ual can usually be se different, the mailing additional sheet if m	le either (a) the deli- erved with records b address of the indiv	very addre etween 9:0 vidual's res ed.	ss and, if different, the 00 a.m. and 4 p.m. on sidence. The delivery	
LAST NAME	FIRST NAME		MIDDLE NAM	ΛΕ	
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
OFFICE(S) HELD (e.g. president, secretary, vice president)					
LAST NAME	FIRST NAME		MIDDLE NAME		
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
OFFICE(S) HELD (e.g. president, secretary, vice president)					
F COMPANY CHANGES					
A company must file with the registrar a notice of phone 1 877 526-1526 for information on how to		formation shown in	the Corpo	rate Register. Please	
G CERTIFIED CORRECT - I have read this form and	found it to be correct				
FOR THE COMPANY				DATE SIGNED  YYYY/MM/DD	
	X				
FORM 6S/WEB Rev. 2014 / 03 / 17					