

## LIQUIDATION REPORT

## FORM 24S BC SCHOOL DISTRICT BUSINESS COMPANY

Section 330 Business Corporations Act

Telephone: 1 877 526-1526 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 in block letters and ensure that the form is signed and dated in ink.

- **Item B** Enter the name exactly as shown on the Certificate of Incorporation or Certificate of Amalgamation.
- **Item C** The date of recognition is the date of incorporation or amalgamation of the company in liquidation.
- Item D Enter the date of the liquidation report, this date must be an anniversary date of the company's recognition in BC. This liquidation report must contain information current as of that date. For example, for a company incorporated October 8, 1999, the liquidator would file a report reflecting information of the company in liquidation as at October 8th of each year.
- **Item G** If the liquidator is a corporation or firm, this form must be signed by an authorized signing authority for the corporation or firm.

Filing Fee: \$20.00

A INCORPORATION NUMBER OF COMPANY

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 pay in Canadian dollars or in the equivalent amount of US funds. 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.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

| DATE OF RECOGNITION  | D DATE OF LIC  | D DATE OF LIQUIDATION REPORT  YYYY / MM / DD      |  |   |  |  |
|--|--|---|--|---|--|--|
| YYYY / MM / DD   |  |   |  |   |  |  |
|  |  |   |  |   |  |  |
| <b>OFFICER NAME(S) AND ADDRESS(ES)</b> – Enter the each of the company's officers, if any. The mailing address for the office at which the inbusiness days or (b) the delivery address a address must not be a post office box. Atta | officer may select to provide eithen<br>ndividual can usually be served v<br>nd, if different, the mailing addre | er (a) the delivith records be<br>ss of the indiv | very address a<br>etween 9:00 a.<br>vidual's resider | nd, if different, the<br>m. and 4 p.m. on |  |  |
| LAST NAME  | FIRST NAME   |   | MIDDLE NAME  |   |  |  |
| DELIVERY ADDRESS   | PF   | ROVINCE/STATE                                     | COUNTRY  | POSTAL CODE/ZIP CODE                      |  |  |
| MAILING ADDRESS  | Pf   | ROVINCE/STATE                                     | COUNTRY  | POSTAL CODE/ZIP CODE                      |  |  |
| OFFICE(S) HELD (e.g. president, secretary, vice president)   |  |   |  |   |  |  |
| LAST NAME  | FIRST NAME   |   | MIDDLE NAME  |   |  |  |
| DELIVERY ADDRESS   | Pf   | ROVINCE/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 |
| 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 liquidator must file with the registrar a  |            | formation shown in | the Corporate I | Register.            |
| Liquidator's name and address     Liquidation records office address                                 |            |                    |                 |                      |
| <ul><li>Liquidation records office address(es)</li><li>Company's registered and/or records</li></ul> |            |                    |                 |                      |
| Company's directors  | ,          |                    |                 |                      |
| <ul><li>Director's address(es)</li></ul>   |            |                    |                 |                      |

X

SIGNATURE OF LIQUIDATOR

DATE SIGNED

YYYY / MM / DD

If yes, phone 1 877 526-1526 for information on how to file these changes.

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

NAME OF LIQUIDATOR