

NOTICE OF CHANGE OF DIRECTORS

FORM 10S BC SCHOOL DISTRICT BUSINESS COMPANY

Section 127 Business Corporations Act

Telephone: 1 877 526-1526 Mailing Address: PO Box 9431 Stn Prov Govt Location: 200 – 940 Blanshard Street 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 \$20
- Submit this form with 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

Canadian dollars or in the equivalent amount of US funds.					
A INCORPORATION NUMBER OF COMPANY	'				
B NAME OF COMPANY					
C DATE OF CHANGE OF DIRECTORS YYYY / MM / DD					
D FULL NAMES OF NEW DIRECTORS					
LAST NAME	FIRST NAME			MIDDLE NAME	
E FULL NAMES OF PERSONS WHO HAVE <u>CEASED</u> TO BE LAST NAME	DIRECTORS FIRST NAME			MIDDLE NAME	
F DIRECTOR NAME(S) AND ADDRESS(ES) — Enter the full (if different) of ALL of the company's directors as at the a post office box. Attach an additional sheet if more stated in the company's directors.	ne date of change n				
LAST NAME	FIRST NAME		MIDDLE NAM	ИΕ	
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	F	POSTAL CODE/ZIP CODE
MAILING ADDRESS		PROVINCE/STATE	COUNTRY	F	POSTAL CODE/ZIP CODE
LAST NAME FIRST NAME		MIDDLE NAME			
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	F	POSTAL CODE/ZIP CODE
MAILING ADDRESS		PROVINCE/STATE	COUNTRY	 F	POSTAL CODE/ZIP CODE
		1			

LAST NAME	FIRST NAME		MIDDLE NAME			
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE		
MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE		
LAST NAME	FIRST NAME		MIDDLE NAME			
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE		
MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE		
LAST NAME	FIRST NAME		MIDDLE NAME			
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE		
MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE		
LAST NAME	FIRST NAME		MIDDLE NAME			
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE		
MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE		
G CERTIFIED CORRECT – I have read this form and found it to be correct.						
NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE COMPANY	SIGNATURE OF AUTHORIZED SI	IGNING AUTHORITY FOR TE	IE COMPANY D	ATE SIGNED YYYY / MM / DD		
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