



EXTRAPROVINCIAL COOPERATIVE ASSOCIATION CHANGE OF HEAD OFFICE OUTSIDE THE PROVINCE FORM 11

Cooperative Association Act

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 registration number of the extraprovincial cooperative association. This number is located at the upper right-hand corner of the Certificate of Registration, Amalgamation, Continuation or Change of Name. This number is assigned at the time of registration in British Columbia.
Item B Enter the extraprovincial cooperative association's name exactly as shown on the Certificate of Registration, Amalgamation, Continuation or Change of Name.
Item C Enter the complete address.

Filing Fee: \$20.00. 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. Please pay in Canadian dollars or in the equivalent amount of U.S. funds.

A REGISTRATION NUMBER OF EXTRAPROVINCIAL COOPERATIVE ASSOCIATION XCP

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. 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.

B FULL NAME OF EXTRAPROVINCIAL COOPERATIVE ASSOCIATION

C NEW HEAD OFFICE ADDRESS

Table with 2 columns: PROVINCE/STATE, POSTAL/ZIP CODE

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

Table with 3 columns: 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