



Telephone: 1 877 526-1526
www.bcregistry.ca/cooperatives

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

Courier Address: 200 - 940 Blanshard Street
Victoria BC V8W 3E6

DO NOT MAIL - THIS FILING MUST BE COMPLETED ONLINE

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. This number is located in the upper right-hand corner of the Certificate of Incorporation, Amalgamation, Continuation or Change of Name.
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. You may include general delivery, post office box, rural route, site or comp. number as part of the address, but the Corporate Registry cannot accept this information as a complete address. You must also include a postal code. If an area does not have street names or numbers, provide a description that would readily allow a person to locate the office.
Item F List full name and address of all directors as of the adjournment of the Annual General Meeting. The residential address of a director must be a complete physical address. Note: One director must be ordinarily resident in British Columbia and a majority of the directors must be individuals ordinarily resident in Canada.

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. 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 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)

Table with columns for DELIVERY, MAILING, PROVINCE, and POSTAL CODE. Province is pre-filled with BC.

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

Table with columns for LAST NAME, FIRST NAME & INITIALS (IF ANY), RESIDENTIAL ADDRESS, PROVINCE/STATE, and 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