



ANNUAL REPORT

COOPERATIVE ASSOCIATION ACT, section 126

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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.
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 anniversary date of the registration of the association in BC.
Item D: Enter the last name, first name, and any initials of each of the extraprovincial association's directors.

The extraprovincial association must keep at its head office within British Columbia the records and documents required to be kept there by Section 181.61 of the Cooperative Association Act.

Filing Fee: \$30.00. 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.

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.

B FULL NAME OF EXTRAPROVINCIAL COOPERATIVE ASSOCIATION

C DATE OF ANNUAL REPORT (anniversary date of registration in BC)

YYYY / MM / DD

D DIRECTORS - List full names and addresses of all directors

Table with 5 columns: LAST NAME, FIRST NAME & INITIALS (IF ANY), RESIDENTIAL ADDRESS, PROVINCE/STATE, POSTAL CODE/ZIP CODE

E Have all filings related to any changes to the following been filed with the Corporate Registry:

- Documents relating to an amendment of the association's charter?
- Address of the head office within British Columbia?
- Address of the head office outside British Columbia?
- Name or address of attorney within British Columbia?

If you answered NO to any of the above questions, attach appropriate change form(s).

F 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