



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 change of directors.
Item D Enter the last name, first name and any initials of the new directors appointed or elected.
Item E Enter the last name, first name and any initials of the persons who have ceased to be directors.
Item F Enter the last name, first name, any initials and residential address of all the directors of the association as at the date of change listed in Item C. The residential address of a director must be a 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 director. Note: One director must be ordinarily resident in British Columbia and a majority of the directors must be individuals ordinarily resident in Canada.
Item G An individual who has ceased being a director cannot sign this form. If changes occurred on more than one date, you must complete a separate Notice of Change of Directors form for each date.

A INCORPORATION NO. 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 CHANGE OF DIRECTORS

YYYY / MM / DD

D Full names of new directors appointed or elected:

Table with 2 columns: LAST NAME, FIRST NAME AND INITIALS (IF ANY)

E Full names of persons who have ceased to be directors:

Table with 2 columns: LAST NAME, FIRST NAME AND INITIALS (IF ANY)

F Full names and addresses of all the directors of the association as at the date of change listed in Item C.

Attach an additional sheet if more space is required.

Table with 3 columns: LAST NAME, FIRST NAME AND INITIALS (IF ANY), RESIDENTIAL ADDRESS (INCLUDE POSTAL CODE)

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

NAME OF CURRENT DIRECTOR, OFFICER OR SOLICITOR OF THE ASSOCIATION (Please print)

SIGNATURE OF CURRENT DIRECTOR, OFFICER OR SOLICITOR OF THE ASSOCIATION

DATE SIGNED

YYYY / MM / DD

X