



NOTICE OF CHANGE OF ADDRESS OF RECEIVER OR RECEIVER MANAGER

FORM 8S BC SCHOOL DISTRICT BUSINESS COMPANY

Section 106 Business Corporations 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 in block letters and ensure that the form is signed and dated in ink.

Item B Enter the company's name exactly as shown on the Certificate of Incorporation or Certificate of Amalgamation.

Item C Enter the full name of the receiver or receiver manager. If the receiver or receiver manager is a corporation or firm, enter the name of the corporation or firm.

Item D The delivery address must be a physical address where notices and records can be delivered. The delivery address must not be a post office box.

Item F If the receiver or receiver manager is a corporation or firm this form must be signed by an authorized signing authority for the corporation or firm.

Section 106 of the Business Corporations Act requires this notice be filed within 7 days after the change of address of the receiver or receiver manager.

Filing Fee: \$20.00

Submit this form with a 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

A INCORPORATION NUMBER OF COMPANY

B NAME OF COMPANY

C FULL NAME OF RECEIVER OR RECEIVER MANAGER

LAST NAME

FIRST NAME

MIDDLE NAME

CORPORATION OR FIRM NAME

D CHANGE OF ADDRESS OF RECEIVER OR RECEIVER MANAGER

DELIVERY ADDRESS OF RECEIVER OR RECEIVER MANAGER

PROVINCE

POSTAL CODE

MAILING ADDRESS OF RECEIVER OR RECEIVER MANAGER

PROVINCE

POSTAL CODE

E DATE OF CHANGE

YYYY / MM / DD

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

NAME OF RECEIVER/RECEIVER MANAGER

SIGNATURE OF RECEIVER/RECEIVER MANAGER

DATE SIGNED

YYYY / MM / DD

X