



DIRECTOR CHANGE

Business Corporations Act, section 127

Telephone: 1 877 526-1526
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Mailing Address: PO Box 9431 Stn Prov Govt
Victoria BC V8W 9V3

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Victoria BC V8W 3E6

DO NOT MAIL THIS FORM to BC Registry Services unless you are instructed to do so by registry staff. The Regulation under the Business Corporations Act requires the electronic version of this form to be filed on the Internet at www.bcregistry.ca/business

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 purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3

Filing Fee for paper filing: \$20.00

If you are instructed by registry staff to mail this form to the Corporate Registry, 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.

A INCORPORATION NUMBER OF COMPANY

B NAME OF COMPANY

C DATE OF DIRECTOR CHANGE

YYYY/MM/DD

D FULL NAMES OF NEW DIRECTORS

Table with 3 columns: FIRST NAME, MIDDLE NAME, LAST NAME

E FULL NAMES OF PERSONS WHO HAVE CEASED TO BE DIRECTORS

Table with 3 columns: FIRST NAME, MIDDLE NAME, LAST NAME

F DIRECTOR NAME(S) AND ADDRESS - Enter the full name, mailing address and delivery address of ALL of the company's directors as at the date of change noted in Box C. The delivery address must not be a post office box. Attach an additional sheet if more space is required. The director may select to provide either:

- (a) the delivery address and, the mailing address for the office at which the individual can usually be served with records between 9 a.m. and 4 p.m. on business days, or
(b) the delivery address and, the mailing address of the individual's residence.

Table with 6 columns: FIRST NAME, MIDDLE NAME, LAST NAME, MAILING ADDRESS, CITY, PROV/STATE, COUNTRY, POSTAL CODE/ZIP CODE. Includes a row for DELIVERY ADDRESS with a checkbox for SAME AS MAILING ADDRESS.

FIRST NAME	MIDDLE NAME	LAST NAME			
MAILING ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
DELIVERY ADDRESS - <input type="checkbox"/> SAME AS MAILING ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

FIRST NAME	MIDDLE NAME	LAST NAME			
MAILING ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
DELIVERY ADDRESS - <input type="checkbox"/> SAME AS MAILING ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

FIRST NAME	MIDDLE NAME	LAST NAME			
MAILING ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
DELIVERY ADDRESS - <input type="checkbox"/> SAME AS MAILING ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

FIRST NAME	MIDDLE NAME	LAST NAME			
MAILING ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
DELIVERY ADDRESS - <input type="checkbox"/> SAME AS MAILING ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

FIRST NAME	MIDDLE NAME	LAST NAME			
MAILING ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
DELIVERY ADDRESS - <input type="checkbox"/> SAME AS MAILING ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

G CERTIFICATION - I certify that I have relevant knowledge of the company, and that I am authorized to make this filing
 Note: It is an offence to make a false or misleading statement in respect of a material fact in a record submitted to the Corporate Registry for filing. See section 427 of the Business Corporations Act.

NAME	SIGNATURE	DATE SIGNED (YYYY MM DD)
	X	