



CHANGE NOTICE

(Head Office Within B.C.)

COOPERATIVE ASSOCIATION ACT, section 181.41

Telephone: 1 877 526-1526
www.bcreg.ca

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

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

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. This number is located in the upper right-hand corner of the Certificate of Registration, Amalgamation, Continuation or Change of Name. This number is assigned at the time of registration in British Columbia.
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 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.

Please provide the Corporate Registry with a duplicate copy of this form. Section 181.41(2) of the Cooperative Association Act requires the Corporate Registry to send a copy of this form to the previous Head Office in the Province.

Filing Fee: \$20.00. 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. Please pay in Canadian dollars or in the equivalent amount of U.S. funds.

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. 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.

B FULL NAME OF EXTRAPROVINCIAL COOPERATIVE ASSOCIATION

C NEW HEAD OFFICE ADDRESS

Table with 2 columns: PROVINCE (BC) and POSTAL CODE

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

Table with 3 columns: NAME OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION (Please print); SIGNATURE OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION (marked with X); DATE SIGNED (YYYY / MM / DD)