



Special Act Non-Share Corporation
CONVERSION TO A BC COMMUNITY CONTRIBUTION COMPANY

BUSINESS CORPORATIONS ACT, section 266

Telephone: 1 877 526-1526
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Mailing Address: PO Box 9431 Stn Prov Govt
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Victoria BC V8W 3E6

Submitted by:
NAME

COMPANY

MAILING ADDRESS

CITY

PROV/STATE

POSTAL CODE/ZIP CODE

TELEPHONE

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.

INSTRUCTIONS:

Please review our webpage www.bcreg.ca for information on completing a converting a Special Act Non-Share Corporation to a BC Community Contribution Company. The first step in converting a Special Act Non-Share Corporation to a BC Community Contribution Company is to ensure the name for the company is available.

Item B

Unless the Act by which it was incorporated provides otherwise, a Special Act Non-Share Corporation may apply to convert itself into a company under the Business Corporations Act if it has the consent of the minister to do so.

DEFINITIONS:

Special Act Non-Share Corporation - Means a corporation, incorporated by an Act, that has not been recognized as a company, and has not been converted into a society under section 96(2) of the Societies Act.

Filing Fee: \$100.00 (add an additional \$100.00 for a future effective date).

Please complete and mail this form to BC Registries and Online Services for filing with payment by 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 equivalent US funds.

A NAME OF COMPANY - Choose one of the following:

The name _____ is the name reserved for the community contribution company. The name reservation number is _____, OR

The special Act corporation is to be converted to a company with a name created by adding "B.C. Community Contribution Company Ltd." after the incorporation number of the company.

B CONVERSION EFFECTIVE DATE - Choose one of the following:

The conversion is to take effect at the time that this application is filed with the registrar.

The conversion is to take effect at 12:01 a.m. Pacific Time on YYYY/MM/DD being a date that is not more than ten days after the date of the filing of this application.

The conversion is to take effect at _____ a.m. or _____ p.m. Pacific Time on YYYY/MM/DD being a date that is not more than ten days after the date of the filing of this application.

C MINISTER'S CONSENT

The written consent of the minister to the conversion is attached.

D AUTHORIZATION

Authorized by Special Resolution dated: YYYY/MM/DD

NOTICE OF ARTICLES

A NAME OF COMPANY

Set out the name of the company as set out in Item A of the Conversion Application.

B TRANSLATION OF NAME

Set out every translation of the company name that the company intends to use outside of Canada.

C DIRECTOR NAME(S) AND ADDRESS(ES) – Enter the full name, delivery address and mailing address (if different) of ALL of the company’s directors. The director may select to provide either (a) the delivery address and, if different, 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, if different, the mailing address of the individual’s residence. The delivery address must not be a post office box. Attach an additional sheet if more space is required.

FIRST NAME	MIDDLE NAME	LAST NAME			
DELIVERY ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
MAILING ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE	

FIRST NAME	MIDDLE NAME	LAST NAME			
DELIVERY ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
MAILING ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE	

FIRST NAME	MIDDLE NAME	LAST NAME			
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FIRST NAME	MIDDLE NAME	LAST NAME			
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FIRST NAME	MIDDLE NAME	LAST NAME			
DELIVERY ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
MAILING ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE	

D REGISTERED OFFICE ADDRESSES

Set out the delivery address and mailing address of the registered office proposed for the company.

DELIVERY ADDRESS - <i>(PO Box is not accepted. Postal code is required.)</i>	CITY	Prov. POSTAL CODE
		BC
MAILING ADDRESS	CITY	Prov. POSTAL CODE
		BC

E RECORDS OFFICE ADDRESSES

DELIVERY ADDRESS - *(PO Box is not accepted. Postal code is required.)*

DELIVERY ADDRESS - <i>(PO Box is not accepted. Postal code is required.)</i>	CITY	Prov. POSTAL CODE
		BC
MAILING ADDRESS	CITY	Prov. POSTAL CODE
		BC

F AUTHORIZED SHARE STRUCTURE

Identifying name of class or series of shares.	Maximum number of shares of this class or series of shares that the company is authorized to issue, or indicate there is no maximum number.		Kind of shares of this class or series of shares.			Are there special rights or restrictions attached to the shares of this class or series of shares?	
	THERE IS NO MAXIMUM	MAXIMUM NUMBER OF SHARES AUTHORIZED	WITHOUT PAR VALUE	WITH A PAR VALUE OF \$	TYPE OF CURRENCY	YES	NO

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

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 OF AUTHORIZED SIGNING AUTHORITY FOR THE MEMBER-FUNDED SOCIETY

SIGNATURE

DATE SIGNED (YYYY MM DD)

X