



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 in block letters and ensure that the form is signed and dated in ink.

- Item B Enter the name exactly as shown on the Certificate of Incorporation, Amalgamation, Continuation or Change of Name.
Item C The date of recognition is the date of incorporation, amalgamation or continuation of the company in liquidation.
Item D Enter the date of the liquidation report, this date must be an anniversary date of the company's recognition in BC.
Item G If the liquidator is a corporation or firm, this form must be signed by an authorized signing authority for the corporation or firm.

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 purposes of assessment.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

A INCORPORATION NUMBER OF COMPANY

B NAME OF COMPANY

C DATE OF RECOGNITION YYYY / MM / DD

D DATE OF LIQUIDATION REPORT YYYY / MM / DD

E OFFICER NAME(S) AND ADDRESS(ES) - Enter the full name, delivery address, mailing address (if different) and office held of each of the company's officers, if any. The officer 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.

Form fields for officer information: LAST NAME, FIRST NAME, MIDDLE NAME, DELIVERY ADDRESS, PROVINCE/STATE, COUNTRY, POSTAL CODE/ZIP CODE, MAILING ADDRESS.

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LAST NAME	FIRST NAME		MIDDLE NAME	
DELIVERY ADDRESS	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
MAILING ADDRESS	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
OFFICE(S) HELD (e.g. president, secretary, vice president)				

LAST NAME	FIRST NAME		MIDDLE NAME	
DELIVERY ADDRESS	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
MAILING ADDRESS	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
OFFICE(S) HELD (e.g. president, secretary, vice president)				

F COMPANY CHANGES

A liquidator must file with the registrar a notice of any change to the information shown in the Corporate Register. Has there been a change to any of the following:

- Liquidator's name and address
- Liquidation records office address(es)
- Company's registered and/or records office address(es)
- Company's directors
- Director's address(es)

If yes, visit our website at www.bcreg.ca or phone 1 877 526-1526 for information on how to file these changes.

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

NAME OF LIQUIDATOR	SIGNATURE OF LIQUIDATOR	DATE SIGNED
	X	YYYY / MM / DD