



LIQUIDATION REPORT

BUSINESS CORPORATIONS ACT, section 330

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. This liquidation report must contain information current as of that date. For example, for a company incorporated October 8, 1999, the liquidator would file a report reflecting information of the company in liquidation as at October 8th of each year.

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. 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.

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.

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)

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

LAST NAME		FIRST NAME	MIDDLE NAME
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY
MAILING ADDRESS		PROVINCE/STATE	COUNTRY
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.bcregistryservices.gov.bc.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 YYYY / MM / DD
	X	