

Ministry of Finance Corporate and Personal Property Registries www.fin.gov.bc.ca/registries

Telephone: 250 356-8626 Hours: 8:30 - 4:30 (Monday - Friday)

DO NOT MAIL THIS FORM to the Corporate and Personal Property Registries unless you are instructed to do so by registry staff. The Regulation under the *Business Corporations Act* requires this form to be filed on the Internet NOTICE OF CHANGE OF DIRECTORS Form 10 – BC COMPANY

Section127 Business Corporations Act

Freedom of Information and Protection of Privacy Act (FIPPA) The personal information requested on this form is made available to the public under the authority of the *Business Corporations Act*. Questions about how the *FIPPA* applies to this personal information can be directed to the Administrative Assistant of the Corporate and Personal Property Registries at 250 356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

Α	INCORPORATION NUMBER OF COMPANY					
В	NAME OF COMPANY					
С	DATE OF CHANGE OF DIRECTORS					
D	FULL NAMES OF NEW DIRECTORS	FIRST NAME			MIDDLE	NAME
E FULL NAMES OF PERSONS WHO HAVE <u>CEASED</u> TO BE LAST NAME		DIRECTORS FIRST NAME			MIDDLE NAME	
F	DIRECTOR NAME(S) AND ADDRESS(ES) – Enter the full company's directors as at the date of change noted in can usually be served with records between 9 a.m. and usually be served with records during these hours, enteresidence. Attach an additional sheet if more space is	Box C. The deliver d 4 p.m. on busines er the delivery addr	y address must b s days. If there i	e for the c s no office	office at at whi	which the individual can the individual can
	LAST NAME	FIRST NAME		MIDDLE NAM	ΛE	
	DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY		POSTAL CODE/ZIP CODE
	MAILING ADDRESS		PROVINCE/STATE	COUNTRY		POSTAL CODE/ZIP CODE
	LAST NAME	FIRST NAME		MIDDLE NAM	ИE	
	DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY		POSTAL CODE/ZIP CODE
	MAILING ADDRESS		PROVINCE/STATE			POSTAL CODE/ZIP CODE
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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	
LAST NAME	FIRST NAME		MIDDLE NAME		
		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
DELIVERY ADDRESS			COUNTRY	FUSTAL CODE/ZIF CODE	
MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
LAST NAME	FIRST NAME		MIDDLE NAME		
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
LAST NAME	FIRST NAME		MIDDLE NAME		
DELIVERY ADDRESS		, PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
			COONTRI	FOSTAL CODE/ZIF CODE	
MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
G CERTIFIED CORRECT – I have read this form a	and found it to be corre	ect.			
NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE COMPANY SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE COMPANY DATE SIGNED					
				YYYY / MM / DD	
	X				

FORM 10/WEB Rev. 2004 / 3 / 10

Page 2