

See instructions for completion  
on the back of this form.

**Annual Return**  
Business Corporations Act

Corporate Access No. \_\_\_\_\_ For Year Ending \_\_\_\_\_

Date of Incorporation, Continuance, Amalgamation or Registration \_\_\_\_\_  
YEAR MONTH DAY

1. Name of Corporation \_\_\_\_\_

2. Address \_\_\_\_\_

3. Has there been any change of directors? ☐ Yes ☐ No

4. If Yes, have Corporate Registry Records been updated? ☐ Yes ☐ No

If No, attach the update to this form.

**5. SHAREHOLDER INFORMATION**

**6. CHANGES IN SHAREHOLDERS (if applicable)**

Name and Address _____ % of voting shares issued _____	<input type="checkbox"/>	Name and Address _____ % of voting shares issued _____	<input type="checkbox"/>
Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>		Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>	
Name and Address _____ % of voting shares issued _____	<input type="checkbox"/>	Name and Address _____ % of voting shares issued _____	<input type="checkbox"/>
Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>		Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>	
Name and Address _____ % of voting shares issued _____	<input type="checkbox"/>	Name and Address _____ % of voting shares issued _____	<input type="checkbox"/>
Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>		Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>	
Name and Address _____ % of voting shares issued _____	<input type="checkbox"/>	Name and Address _____ % of voting shares issued _____	<input type="checkbox"/>
Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>		Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>	
Name and Address _____ % of voting shares issued _____	<input type="checkbox"/>	Name and Address _____ % of voting shares issued _____	<input type="checkbox"/>
Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>		Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>	

**7. IMPORTANT NOTICE TO CORPORATION**

Telephone Number \_\_\_\_\_

Date \_\_\_\_\_

Authorized Signature  
(for non-profit companies only)

Name and Title of Person Authorizing  
(please PRINT)

Provide Identification (e.g. Operator's Licence)  
(not applicable for non-profit companies)