



425 University Avenue, Suite 403, Toronto, Ontario, Canada M5G 1T6
 Tel: (416) 977-8595 (416) 977-9640 Fax: (416) 977-8313
 Website: <http://www.bestontario.com> Email: info@bestontario.com

Directors & Shareholders Information for Minute Book Initializing / Updating

Contact Name: _____ Tel:() Cell: () Date: _____

1. Corporation Name

2. Address of the Head Office of Corporation

Suite/Apt./Unit: _____ Street No. & Name: _____

City: _____ Province: Ontario Postal Code: _____ Business Phone: () _____

3. Directors / Officers Information

FIRST	First Name: _____ Middle Initial: _____ Last Name: _____
	Same as office address Suite: _____ Street No. & Name: _____
	Canadian / Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Postal Code: _____ City: _____ Province: Ontario
	Officer Position: <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> treasurer <input type="checkbox"/> General Manager <input type="checkbox"/> Other:

SECOND	First Name: _____ Middle Initial: _____ Last Name: _____
	Same as office address Suite: _____ Street No. & Name: _____
	Canadian / Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Postal Code: _____ City: _____ Province: Ontario
	Officer Position: <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> treasurer <input type="checkbox"/> General Manager <input type="checkbox"/> Other:

THIRD	First Name: _____ Middle Initial: _____ Last Name: _____
	Same as office address Suite: _____ Street No. & Name: _____
	Canadian / Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Postal Code: _____ City: _____ Province: Ontario
	Officer Position: <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> treasurer <input type="checkbox"/> General Manager <input type="checkbox"/> Other:



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4. Shareholders Information

FIRST	First Name: _____ Middle Initial: _____ Last Name: _____
	Same as office address Suite: _____ Street No. & Name: _____
	Canadian / Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Postal Code: _____ City: _____ Province: Ontario
	Shares issued on _____ day of _____ (month), 20 _____ with \$ _____ per share

SECOND	First Name: _____ Middle Initial: _____ Last Name: _____
	Same as office address Suite: _____ Street No. & Name: _____
	Canadian / Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Postal Code: _____ City: _____ Province: Ontario
	Shares issued on _____ day of _____ (month), 20 _____ with \$ _____ per share

THIRD	First Name: _____ Middle Initial: _____ Last Name: _____
	Same as office address Suite: _____ Street No. & Name: _____
	Canadian / Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Postal Code: _____ City: _____ Province: Ontario
	Shares issued on _____ day of _____ (month), 20 _____ with \$ _____ per share