



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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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: _____



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