



8111 Jane Street, Unit 3, Upper Level, Concord, Ontario L4k 4L7
Tel: (416) 977-8595 (416) 977-9640
Website: www.bestontario.com Email: info@bestontario.com

Re: Federal Corporation Annual Return Filing

The Federal Government fee for filing Annual Return is **\$12.00 per year.**

Qwt'ugt xleg'hgg'ku' **\$95+HST"per year.**

Total: \$119.35 (tax included)

Payment Options:

- **Credit Card:** Please have the cardholder complete the payment section at the bottom of the price list;
- **Email Money Transfer (EMT):** Please send your payment to info@bestontario.com

To proceed, please provide:

- Your **Federal Corporation Key,**
- A copy of your **Articles of Incorporation;**
- The completed **Information Form** (attached)

NOTE: Vq'ej cpi g'Dwulpguu'Cf f t guu'qt'F k gevtuo'Kph to c v k p'qh' { qwt'eqtr qtcv k p.'please download and complete the Federal Corporation Electronic Filing for Notice of change Form.

If you have any questions, please do not hesitate to contact us.

Thank you very much!

Sincerely yours,

Sandra Chen / Susan Ding



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Federal Corporate Service - Fee Schedule

GOVERNMENT FEES	Incorporation	Amendment	Revival	Annual Return
	200	200	250	12

Federal Incorporation Service Fees (Business Corporation)

			HST	TOTAL
F01	NUANS Report, Federal Registration, Ontario Registration & Company Key, BN(Tax) Number	310	40.30	350.30
F02	NUANS Report, Federal Registration, Ontario Registration & Company Key, BN(Tax) Number, Minute Book with Seal	485	63.05	548.05
F03	NUANS® Report, Federal Registration, Ontario Registration & Company Key, BN(Tax) Number, Minute Book with Seal & Updating	635	82.55	717.55
F04	Numbered Corporation Registration, Ontario Registration & Company Key, BN(Tax) Number	268	34.84	302.84
F05	Numbered Corporation Registration, Ontario Registration & Company Key, BN(Tax) Number, Minute Book with Seal	443	57.59	500.59
F06	Numbered Corporation Registration, Ontario Registration & Company Key, BN(Tax) Number, Minute Book with Seal & Updating	593	77.09	670.09

Federal Corporation Information Changes Service Fees

			HST	TOTAL
F07	Federal Corporation Amendment	255	33.15	288.15
F08	Federal Corporation Revival	310	40.30	350.30
F09	Federal Corporation Dissolution Filing	170	22.10	192.10
F10	Federal Corporation Dissolution Filing w/Ontario Cancellation	265	34.45	299.45
F11	Federal Corporation address / director change with updated profile report	210	27.30	237.30
F12	Federal Corporation Extra Provincial Notice of Change	120	15.60	135.60
F13	Federal Corporation Annual Return Filing	95	12.35	107.35



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CORPORATE SUPPLIES

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			HST	TOTAL
301	Minute Book Kit With Seal (Black Brief-case) w/20 Share Certificates	175	22.75	197.75
302	Minute Book With Seal (Burgundy Slip case) w/20 Share Certificates	175	22.75	197.75
303	Minute Book Kit Without Seal (Black Brief-case) w/20 Share Certificates	140	18.20	158.20
304	Minute Book Without Seal (Burgundy Slip case) w/20 Share Certificates	140	18.20	158.20
305	Corporate Seal	90	11.70	101.70
306	Minute Book Initializing/Updating	150	19.50	169.50
307	Minute Book With Seal (Burgundy Slip case) w/6 Share Certificates	125	16.25	414.25
308	20 Share Certificates	70	9.10	79.10
309	Blank Share Certificates (Single)	3.50	0.46	3.96
310	Blank Share Certificates (Single) w/ Name Printing	5.50	0.72	6.22

Courier Option

			HST	TOTAL
D01	Courier Fee	22	2.86	24.86

Total Amount

\$

CARD HOLDER'S NAME and SIGNATURE:

VISA

MasterCard

American Express

First Name: _____ Middle Name: _____ Last Name: _____

Card Number: _____ Expire Date: _____
Security Code: _____

The Cardholder Signature: X _____

Please sign here to acknowledge this order and agree to pay by the credit card.



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Federal Corporation Annual Return Information

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

1. Corporation Name

2. Federal Corporation KEY

3. Address of the Registered Business Office

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

City: _____ Province: ☐ ONTARIO Postal Code: _____ Business Phone: () _____

4. Directors' Name and Directors' Address for Service

FIRST	First Name: _____	Middle Initial: _____	Last Name: _____
	<input type="checkbox"/> Same as business address	Suite: _____	Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code: _____	City: _____ Province: <input type="checkbox"/> ONTARIO
	Elected Date: _____	Resigned Date: _____	<input type="checkbox"/> President / <input type="checkbox"/> Secretary / <input type="checkbox"/> Treasurer / <input type="checkbox"/> GM

SECOND	First Name: _____	Middle Initial: _____	Last Name: _____
	<input type="checkbox"/> Same as business address	Suite: _____	Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code: _____	City: _____ Province: <input type="checkbox"/> ONTARIO
	Elected Date: _____	Resigned Date: _____	<input type="checkbox"/> President / <input type="checkbox"/> Secretary / <input type="checkbox"/> Treasurer / <input type="checkbox"/> GM

THIRD	First Name: _____	Middle Initial: _____	Last Name: _____
	<input type="checkbox"/> Same as business address	Suite: _____	Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code: _____	City: _____ Province: <input type="checkbox"/> ONTARIO
	Elected Date: _____	Resigned Date: _____	<input type="checkbox"/> President / <input type="checkbox"/> Secretary / <input type="checkbox"/> Treasurer / <input type="checkbox"/> GM

Note: If you have more directors, please write on another copy of this request form or provide the same info on a separate piece of paper.

5. Extra Information

➤ Authorizing person Signature: **X** _____ Authorizing person Name: _____

➤ E-mail address: _____

Appointment of Representative

I, _____
(First name, Middle names and Surname)

address for service

(Street & No. or R.R. No., Municipality, Province, Country & Postal Code)

am

- ☐ *a Director*
☐ *an authorized Officer*
☐ *a Shareholder*

(Check appropriate box)

of the following corporation:

(Name of Corporation)

I hereby authorize BEST ONTARIO INC. to serve as my representative and to conduct business on my behalf with Corporations Canada.

I authorize Corporations Canada to release information from my file.

I certify that the information set out hereafter, is true and correct.

(Signature of the Authorizing Person)

By signing this form, you acknowledge that you have relevant knowledge and that you are authorized to submit this form.