

Authorization for Documents Filing to Service Ontario

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

address for service

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

am

- a Director of the Corporation
- a Shareholder of the Corporation
- other individual having knowledge of the affairs of the Corporation

(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 Service Ontario - Business Registry.

I authorize Service Ontario 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.

Corporation Amendment Information

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

1. Corporation's Present Name _____

2. Corporation Number _____ **NAICS code** _____

3. The Corporation's Name will be Changed to

4. Address of the Registered Business Office

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

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

5. Directors' Name and Directors' Address for Service

FIRST	First Name: _____	Middle Name: _____	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 Name: _____	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 Name: _____	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.

6. Extra Information

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

➤ E-mail Back? YES E-mail address: _____