

## Re: Electronic Filing for Notice of Change

Dear Madam/Sir:

To change **Business Address** or **Directors' Information** of your corporation, we offer Electronic Filing for Notice of Change. The turn around time is one hour and this service will provide you with the following documents:

- Form 1 (Initial Return/Notice of Change) E-filing record which will show all the changes have been made to the corporation.
- Corporate Profile Report from Ministry of Government and Consumer Services. This electronic report will show the current information of the corporation including the updated business address and directors' information.
- Additionally, we will provide you a Covering Letter to Revenue Canada in order for you to update your BN Account at Tax Branch.

Government system access fee:	\$57.81
Best Ontario Inc. Services fee:	\$85 + HST
Your total will be:	\$153.86

Please provide copy of your Incorporation Article and fill up the information form, sign the authorization letter, fax, e-mail or mail back to us.

- ◆ If you wish to change the name of the corporation or to change the articles of incorporation, please check the information under Amendment of Ontario Corporation Order Form.
- ◆ If you wish to obtain Restated Articles of Incorporation which consolidates all amendments and the original Articles into one set of Articles with updated directors' information, please check the information under Restated Articles of Incorporation Order Form.
- ◆ If you wish to issue shares or change share holders information, please check the information under Minute Book Updates Form.

If you have any questions, please do not hesitate to contact us! Thank you very much!

Sincerely,

Sandra Chen / Susan Ding



# Corporation Address / Directors' Information Change

Contact Name: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Date: \_\_\_\_\_

## 1. Name of the Corporation \_\_\_\_\_

2. Corporation Number \_\_\_\_\_  Ontario Corporation  Federal Corporation

## 3. Current Address of the Registered Business Office

Suite/Apt./Unit: \_\_\_\_\_ Street No. & Name: \_\_\_\_\_

City: \_\_\_\_\_ Province:  ONTARIO Postal Code: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

## 4. Directors' Information

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
	Signature: _____ Date of Elected: _____ Date of Resigned: _____
	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: _____
	<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
	Signature: _____ Date of Elected: _____ Date of Resigned: _____
	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: _____
	<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
	Signature: _____ Date of Elected: _____ Date of Resigned: _____
	Officer Position: <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> General Manager <input type="checkbox"/> Other: _____

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

➤ E-mail Back?  YES E-mail address: \_\_\_\_\_

➤ Restated Articles of Incorporation requirement?  Yes (Please use Restated Article Request Form on our website)  No

## Authorization for Corporation Address or Directors' Information Change

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

an authorized Officer of the corporation

other individual having knowledge of the affairs of the Corporation

(Check appropriate box)

hereby authorize BEST ONTARIO INC. to do Notice of Change for

\_\_\_\_\_  
(Name of Corporation)

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.

Form of  
Business  
Corporations  
Act

Formule de  
Loi sur les  
sociétés par  
actions