

## **Re: Electronic Filing for Notice of Change (Canada Corporation)**

Dear Sir/Madam:

To change **Business Address** or **Directors' Information** of your corporation, we offer Electronic Filing for Notice of Change. This service will provide you with the following documents:

- Form 3 Address Change and/or Form 6 Directors' Change E-filing records;
- Corporate Profile Report from Corporations Canada. This electronic report will show the updated information of the corporation after the filing.

Please provide your Federal **Corporation Key** and choose F09 on the Price List.

If there are any changes regarding the shares or shareholders, please update your minute book as this is your corporation's internal issue only; not public information. If you would like to order the minute book kit and updating service please download our Corporate Supplies Order form.

Please provide a copy of your Articles of Incorporation and fill up the information form as well.

- ◆ If you wish to change the name of the corporation or to change any items on the Articles of Incorporation, please download the information form for Amendment of Federal Corporation Order Form.

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

Sincerely,

Sandra Chen / Susan Ding



## 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.**

# Corporation Address / Directors' Information Change

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

## 1. Name of the Corporation

\_\_\_\_\_

2. Corporation KEY \_\_\_\_\_  \_\_\_\_\_

## 3. New 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: _____	YY-MM-DD	YY-MM-DD

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: _____	YY-MM-DD	YY-MM-DD

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: _____	YY-MM-DD	YY-MM-DD

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. Additional Information

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