



Re: Electronic Filing for Notice of Change (Federal Corporation)

To update your corporation's **Business Address** or **Directors' Information**, please provide your **Federal Corporation Key** and choose **F11** from the Attached Price List - **\$210.00+Hst.**

Upon completion of the filing, you will receive:

- Form 3 - Change of Address
- Form 6 - Change of Director
- Updated Profile Report

If you have registered extra-provincially in Ontario, you must also file a **Notice of Change** to update the Ontario Corporate record. Please provide the **Ontario Corporation Number** and **Company Key**; and select **F12** from the Price List - **\$120.00+Hst.**

If your corporation is not yet registered extra-provincially in Ontario, you are required to file an **Initial Return** with the Ontario Business Registry. An Ontario Corporation Number and Company Key will then be assigned. Please download the **Extra Provincial Registration - Initial Return Order Form** from our website.

Please note:

- If there are any changes regarding shares or shareholders, these are internal matters and are not publicly filed. Please ensure your minute book is updated accordingly; If you wish to order a minute book kit or use our updating service, please download the **Corporate Supplies Order form** from our website.
- To change the corporation's name or amend any part of the Articles of Incorporation, please download the **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



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

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	350.30
F02	NUANS Report, Federal Registration, Ontario Registration & Company Key, BN(Tax) Number, Minute Book with Seal	485	548.05
F03	NUANS® Report, Federal Registration, Ontario Registration & Company Key, BN(Tax) Number, Minute Book with Seal & Updating	635	717.55
F04	Numbered Corporation Registration, Ontario Registration & Company Key, BN(Tax) Number	268	302.84
F05	Numbered Corporation Registration, Ontario Registration & Company Key, BN(Tax) Number, Minute Book with Seal	443	500.59
F06	Numbered Corporation Registration, Ontario Registration & Company Key, BN(Tax) Number, Minute Book with Seal & Updating	593	670.09

Federal Corporation Information Changes Service Fees

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



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: _____

Sdeurity Code: _____

The Cardholder Signature: X _____

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



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 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
	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 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
	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 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
	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 additional directors, please complete another copy of this request form.

5. Additional Information

➤ 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.