

The Corporations Act
AMENDED _____ **ANNUAL RETURN OF INFORMATION**



1. BUSINESS NUMBER	2. JURISDICTION	3. DATE OF INCORPORATION OR AMALGAMATION	4. LAST ANNUAL RETURN FILED
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5. CORPORATION NAME & MAILING ADDRESS (MAKE CHANGES IF NECESSARY IN THE SPACE PROVIDED)

ANNUAL RETURN NOTIFICATIONS BY E-MAIL

YES, PLEASE SEND FUTURE ANNUAL RETURN NOTIFICATIONS TO THE EMAIL ADDRESS BELOW:

SECTION A – Complete all sections

1. MAIN TYPE OF BUSINESS (MAKE CHANGES IF NECESSARY)

2. REGISTERED OFFICE ADDRESS

IF THE ADDRESS HAS CHANGED, PROVIDE THE NEW ADDRESS TOGETHER WITH THE DATE OF CHANGE _____
Day / Month / Year

3. DIRECTORS

CURRENT DIRECTOR(S) ON RECORD –

FULL NAME	RESIDENCE ADDRESS (PROVIDE MOST CURRENT RESIDENCE ADDRESS)	COMPLETE, IF APPLICABLE
		CEASED AS A DIRECTOR _____ Day / Month / Year
		CEASED AS A DIRECTOR _____ Day / Month / Year
		CEASED AS A DIRECTOR _____ Day / Month / Year

NEW DIRECTOR(S) , IF APPLICABLE - If insufficient space, attach a list with the required information

FULL NAME	RESIDENCE ADDRESS (PROVIDE MOST CURRENT RESIDENCE ADDRESS)	COMPLETE, IF ADDING NEW DIRECTORS
		APPOINTED AS A DIRECTOR _____ / _____ / _____ Day Month Year
		APPOINTED AS A DIRECTOR _____ / _____ / _____ Day Month Year
		APPOINTED AS A DIRECTOR _____ / _____ / _____ Day Month Year

4. OFFICERS –

CURRENT OFFICER(S) ON RECORD -

FULL NAME	RESIDENCE ADDRESS (PROVIDE MOST CURRENT RESIDENCE ADDRESS)	POSITION HELD (i.e.: President, Secretary, etc.)
CEASED TO BE AN OFFICER		
CEASED TO BE AN OFFICER		
(SELECT THIS BOX IF THERE ARE NO OFFICERS) NO OFFICERS APPOINTED AT THIS TIME		

NEW OFFICER(S), IF APPLICABLE – If insufficient space, attach a list with the required information

FULL NAME	RESIDENCE ADDRESS (PROVIDE MOST CURRENT RESIDENCE ADDRESS)	POSITION HELD (i.e.: President, Secretary, etc.)

SECTION B

FULL NAME AND ADDRESS OF INDIVIDUAL APPOINTED AS THE ATTORNEY FOR SERVICE IN MANITOBA
 (Only the Address of the Attorney for Service (if appointed) can be changed on this form)

SECTION C – Complete all sections

I _____, being a/an _____ of the
Print Name (Director, Officer, Agent)

corporation, certify that the information is correct as of the last day of the corporation's anniversary month in the year for which this annual return is filed. I have the authority to sign this document on behalf of the corporation.

Date: _____

Signature _____

Phone (Day): _____

Send the completed, signed (in ink) form with a cheque (payable to the **Minister of Finance**) or payment option form to the Companies Office, 1010-405 Broadway, Winnipeg, MB R3C 3L6. This form will be rejected if all required sections are not completed. Please make a copy for your records.

Available in French, upon request.