

## Re: Ontario Corporation Amendment

Dear Madam/Sir:

Enclosed/attached please find the requested forms:

- A price list.
- Amendment information form;
- Two signature pages of the **Articles of Amendment**, please have the director or officer sign both of them;

Please mail/courier back the above forms along with the followings:

- A photocopy of your Articles of Incorporation;
- A cheque payable to **MINISTER OF FINANCE** in the amount of **\$150.00** for the government disbursement;
- A certified cheque or money order payable to **Best Ontario Inc.** in the amount of **\$130.00** plus GST for service fee. (We accept major credit cards as well; please fill out the information on the bottom of the price list.)

Should you have any questions please give us a call.

Thank you very much.

Sincerely,

Sandra Chen / Susan Ding



## Corporation Amendment Information

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

1. Corporation's Present Name \_\_\_\_\_

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

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 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
	Elected Date: _____	Resigned Date: _____	<input type="checkbox"/> President / <input type="checkbox"/> Secretary / <input type="checkbox"/> Treasurer / <input type="checkbox"/> GM

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
	Elected Date: _____	Resigned Date: _____	<input type="checkbox"/> President / <input type="checkbox"/> Secretary / <input type="checkbox"/> Treasurer / <input type="checkbox"/> GM

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
	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: \_\_\_\_\_

➤ Fax Back?  YES Fax number: \_\_\_\_\_ Attention: \_\_\_\_\_

6. The amendment has been duly authorized as required by sections 168 and 170 (as applicable) of the *Business Corporations Act*.  
*La modification a été dûment autorisée conformément aux articles 168 et 170 (selon le cas) de la Loi sur les sociétés par actions.*
7. The resolution authorizing the amendment was approved by the shareholders/directors (as applicable) of the corporation on  
*Les actionnaires ou les administrateurs (selon le cas) de la société ont approuvé la résolution autorisant la modification le*

---

(Year, Month, Day)  
*(année, mois, jour)*

These articles are signed in duplicate.  
*Les présents statuts sont signés en double exemplaire.*

---

(Name of Corporation) (If the name is to be changed by these articles set out current name)  
*(Dénomination sociale de la société) (Si l'on demande un changement de nom, indiquer ci-dessus la dénomination sociale actuelle).*

By/  
 Par :

---

(Signature)  
*(Signature)*

---

(Description of Office)  
*(Fonction)*

6. The amendment has been duly authorized as required by sections 168 and 170 (as applicable) of the *Business Corporations Act*.  
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By/  
 Par :

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(Signature)  
*(Signature)*

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(Description of Office)  
*(Fonction)*