

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:	\$48.77
Best Ontario Inc. Services fee:	\$75 + HST
Your total will be:	\$133.52

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: _____
- Fax Back? YES Fax number: _____ Attention: _____
- 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