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Page 1 of 2

CORPORATIONS INFORMATION ACT ANNUAL RETURN FOR ONTARIO CORPORATIONS (2009 and later tax years)

Corporation's name	Business Number	Tax year-end					
		Year		Month	Day	.y	
			1	1			

- This schedule should be completed by a corporation that is incorporated, continued, or amalgamated in Ontario and subject to the Ontario *Business Corporations Act* (BCA) or Ontario *Corporations Act* (CA), except for registered charities under the federal *Income Tax Act*. This completed schedule serves as a *Corporations Information Act* Annual Return under the Ontario *Corporations Information Act*.
- Complete parts 1 to 4. Complete parts 5 to 7 only to report change(s) in the information recorded on the Ontario Ministry of Government Services (MGS) public record.
- This schedule must set out the required information for the corporation as of the date of delivery of this schedule.
- A completed Ontario *Corporations Information Act* Annual Return must be delivered within six months after the end of the corporation's tax year-end. The MGS considers this return to be delivered on the date that it is filed with the Canada Revenue Agency (CRA) together with the corporation's income tax return.
- It is the corporation's responsibility to ensure that the information shown on the MGS public record is accurate and up-to-date. To review the information shown for the corporation on the public record maintained by the MGS, obtain a Corporation Profile Report. Visit www.ServiceOntario.ca for more information.
- This schedule contains non-tax information collected under the authority of the Ontario Corporations Information Act. This information will be sent to the MGS for the purposes of recording the information on the public record maintained by the MGS.

Part 1 – Identification ————		
Corporation's name (exactly as shown on the MGS public ree	cord)	
Jurisdiction incorporated, continued, or amalgamated, whichever is the most recent	110 Date of incorporation or amalgamation, whichever	120 Ontario Corporation No. Year Month Day
Ontario	is the most recent	000

— Part 2 – Head or registered office address (P.O. box not acceptable as stand-alone address) —

200	Care of (if applicable)							
210	Street number 220 Street name/Rural rout	te/Lot and Concession number		230	Suite number			
240	240 Additional address information if applicable (line 220 must be completed first)							
250	Municipality (e.g., city, town)	260 Province	270 Country	280	Postal code			

— Part 3 – Change identifier -

300

Have there been any changes in any of the information most recently filed for the public record maintained by the MGS for the corporation with respect to names, addresses for service, and the date elected/appointed and, if applicable, the date the election/appointment ceased of the directors and five most senior officers, or with respect to the corporation's mailing address or language of preference? To review the information shown for the corporation on the public record maintained by the MGS, obtain a Corporation Profile Report. For more information, visit **www.ServiceOntario.ca**.

If there have been no changes, enter **1** in this box and then go to "Part 4 – Certification." If there are changes, enter **2** in this box and complete the applicable parts on the next page, and then go to "Part 4 – Certification."

	– Part 4 – Certification –								
١c	I certify that all information given in this Corporations Information Act Annual Return is true, correct, and complete.								
450		451	454						
	Last name	First name	Middle name(s)						
460 N	Please enter one of the following numbers in this box for the above-named person: 1 for director, 2 for officer, or 3 for other individual having knowledge of the affairs of the corporation. If you are a director and officer, enter 1 or 2 . Note: Sections 13 and 14 of the Ontario <i>Corporations Information Act</i> provide penalties for making false or misleading statements or omissions.								

Complete the applicable parts to report changes in the information recorded on the MGS public record.

—— Part 5 – Mailing address ————									
Fait 3 – Maining address – 500 Please enter one of the following numbers in this box: 1 – Show no r	nailing addre:	ss on the MGS	public recor	d.					
2 – The corpo	ration's mailir		ie same as t	the head or	registered	office address in	Part 2	of this s	schedule
10 Care of (if applicable)		nete maining au		0110105.					
20 Street number 530 Street name/Rural route/Lot and Concession numb	er						540	Suite n	umber
Additional address information if applicable (line 530 must be completed fin	st)								
60 Municipality (e.g., city, town) 570 Province/state		580	Country				590	Postal/:	zip code
—— Part 6 – Language of preference ————									
Indicate your language of preference by entering 1 for English or 2		nis is the langua	age of prefe	rence recor	ded on the	MGS public reco	ord for	commur	nications
with the corporation. It may be different from line 990 on the T2 retu									
—— Part 7 – Director/Officer information ————				C	RA interr	nal form identi	fier 5	47, Coo	de 0902
Director: If the individual named in this part is a director (or must be reported									
 Officer: If the individual named in this part is one of the corporation's five most the applicable lines from 801 to 912. 	st senior office	ers (or must be	reported ce	ased in an o	officer pos	ition), complete lir	nes 70	0 to 790) and
• Director and officer: If the individual named in this part is a director and one	of the corpor	ation's five mos	t senior offic	cers (or mu	st be repor	ted ceased in the	se pos	sition(s))	,
complete lines 700 to 797 and the applicable lines from 801 to 912.The corporation is required to show information on the MGS public record for	all its director	s and a maxim	um of five o	f its most se	enior office	rs. If the MGS pu	blic re	cord sha	ws
more than five officer positions, report cease dates for all except the corporati	on's five most	t senior officer	positions.						
 To report changes to the name of a director/officer, or changes to both the ad as shown incorrectly on the public record, with a cease date, and then photoc 					,		cer info	ormation	exactly
Please photocopy this page and complete Part 7 only for each additional individ	dual for whom	director/officer	r informatior	i changes a	re being re	eported.			
Full name and address for service (P.O. box not acceptable as stand-alone address).	The name en	itered in lines 7	00 to 710 m	ust be exac	tly as sho	wn on the MGS p	ublic r	ecord.	
00 Last name 70	05 First nan	ne			710 Mid	Idle name(s)			
20 Street number 730 Street name/Rural route/Lot and Concession numb	er						740	Suite n	umber
							140		
50 Additional address information if applicable (line 730 must be completed fin	st)								
60 Municipality (e.g., city, town) 770 Province/state		780	Country				790	Postal/2	zip code
Director	Г	Date elec	ted/appointe	ed	Г	Date ceased	if apr	licable	
Is this director a resident Canadian? 795 1 Yes 2 No		Year	Month	Day		Year	Mon		ay
(applies to directors of corporations with share capital only)	796				797				
Officer information		Date	appointed		Γ	Date ceased, if applica			
		Year	Month	Day		Year	Mon	th Da	ay
President	801			1	802				
Secretary					807				
Treasurer	811				812				
General Manager	816 821				817 822				
Chair					827				
Chairperson	831				832				L
	836				837				1
Vice-Chair	. 841				842				
Vice-President					847				
Assistant Secretary					852				
Assistant Treasurer					857 862				
Chief Manager	866				867				
Executive Director					872				
Managing Director	876				877				L
Chief Financial Officer	881				882				
Chief Information Officer	. 886				887				
Chief Operating Officer			<u> </u>		892			\square	Ц
Chief Administrative Officer					897 902			<u> </u>	Ц
Comptroller	901 906				902 907			<u> </u>	
Authorized Signing Officer					907 912			+	
		1 1 1					1 1	1 1	