

Ministry of Finance Corporate and Personal Property Registries www.fin.gov.bc.ca/registries Mailing Address: PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3 Location: 2nd Floor – 940 Blanshard Street Victoria BC

# CONVERSION APPLICATION FORM 12 – BC COMPANY

Section 266 Business Corporations Act

Telephone: 250 356-8626

### **INSTRUCTIONS:**

Please type or print clearly in block letters and ensure that the form is signed and dated in ink.

**Freedom of Information and Protection of Privacy Act (FIPPA)** The personal information requested on this form is made available to the public under the authority of the *Business Corporations Act*. Questions about how the *FIPPA* applies to this personal information can be directed to the Administrative Assistant of the Corporate and Personal Property Registries at 250 356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

#### Filing Fee: \$100.00

Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the registry with authorization to debit the fee from your BC OnLine Deposit Account. Please pay in Canadian dollars or in the equivalent amount of US funds.

A NAME OF COMPANY – Choose one of the following:

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

The name	

is the name reserved for the special Act corporation to be converted.

The name reservation number is: \_\_\_\_\_\_,

### OR

The special Act corporation is to be converted with a name created by adding "B.C. Ltd." after the incorporation number of the company.

### **B** MINISTER'S CONSENT

The written consent of the minister to the conversion is attached.

**C CERTIFIED CORRECT** – I have read this form and found it to be correct.

NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE SPECIAL ACT CORPORATION	SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE SPECIAL ACT CORPORATION	DATE SIGNED YYYY / MM / DD
	x	

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# **NOTICE OF ARTICLES**

### A NAME OF COMPANY

Set out the name of the company as set out in Item A of the Conversion Application.

### **B** TRANSLATION OF COMPANY NAME

Set out every translation of the company name that the company intends to use outside of Canada.

### C DIRECTOR NAME(S) AND ADDRESS(ES)

Set out the full name, delivery address and mailing address (if different) of every director of the company. The director may select to provide either (a) the delivery address and, if different, the mailing address for the office at which the individual can usually be served with records between 9 a.m. and 4 p.m. on business days or (b) the delivery address and, if different, the mailing address of the individual's residence. The delivery address must not be a post office box. Attach an additional sheet if more space is required.

LAST NAME	FIRST NAME		MIDDLE NAME	
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
LAST NAME	FIRST NAME		MIDDLE NAME	
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
LAST NAME	FIRST NAME		MIDDLE NAME	
LAST NAME	FIRST NAME		MIDDLE NAME	
LAST NAME DELIVERY ADDRESS	FIRST NAME	PROVINCE/STATE	MIDDLE NAME	POSTAL CODE/ZIP CODE
	FIRST NAME	PROVINCE/STATE		POSTAL CODE/ZIP CODE
	FIRST NAME	PROVINCE/STATE		POSTAL CODE/ZIP CODE
DELIVERY ADDRESS	FIRST NAME		COUNTRY	
DELIVERY ADDRESS	FIRST NAME FIRST NAME		COUNTRY	
DELIVERY ADDRESS			COUNTRY	
DELIVERY ADDRESS			COUNTRY	
DELIVERY ADDRESS MAILING ADDRESS LAST NAME		PROVINCE/STATE	COUNTRY COUNTRY MIDDLE NAME	POSTAL CODE/ZIP CODE
DELIVERY ADDRESS MAILING ADDRESS LAST NAME		PROVINCE/STATE	COUNTRY COUNTRY MIDDLE NAME	POSTAL CODE/ZIP CODE

## D REGISTERED OFFICE ADDRESSES

DELIVERY ADDRESS OF THE COMPANY'S REGISTERED OFFICE

	PROVINCE	POSTAL CODE
	BC	
MAILING ADDRESS OF THE COMPANY'S REGISTERED OFFICE		1
	PROVINCE	POSTAL CODE
	BC	
E RECORDS OFFICE ADDRESSES		
DELIVERY ADDRESS OF THE COMPANY'S RECORDS OFFICE		
	PROVINCE	POSTAL CODE
	BC	
MAILING ADDRESS OF THE COMPANY'S RECORDS OFFICE		I
	PROVINCE	POSTAL CODE
	BC	
F AUTHORIZED SHARE STRUCTURE		1

	Maximum number of shares of this class or series of shares that the company is authorized to issue, or indicate there is no maximum number.		Kind of shares of this class or series of shares.			Are there special rights or restrictions attached to the shares of this class or series of shares?	
Identifying name of class or series of shares	THERE IS NO MAXIMUM (🖌)	MAXIMUM NUMBER OF SHARES AUTHORIZED	WITHOUT PAR VALUE (✔)	WITH A PAR VALUE OF (\$)	Type of currency	YES (✔)	NO (✔)

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