



**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

# NOTICE OF CHANGE OF ADDRESS OF ATTORNEY

## FORM 39 EXTRAPROVINCIAL COMPANY

Section 391 *Business Corporations Act*

Telephone: 250 356-8626

**OFFICE USE ONLY – DO NOT WRITE IN THIS AREA**

**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.

**INSTRUCTIONS:**

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

- Item B** Enter the name exactly as shown on the extraprovincial company's Certificate of Registration, or enter the name exactly as shown on any Change of Name certificate or registration certificate issued by the registrar as a result of an amalgamation of the extraprovincial company.
- Item C** This form notifies the registrar of a change of address of an attorney for an extraprovincial company.  
 A foreign entity that is registered as an extraprovincial company must ensure it has one or more attorneys or, under its charter (or similar record), its head office is in BC. If its head office is in BC, the foreign entity may choose to also appoint one or more attorney(s).  
 Each attorney for an extraprovincial company must be either, 1) an individual who is resident in BC or, 2) a company incorporated in BC.
- Item D** The delivery address of an attorney who is an individual is the address of the office in BC where the individual can usually be reached between 9 a.m. and 4 p.m. on business days for the delivery of records. Or, if the

attorney is a BC company, the delivery address is for the registered office of the company which must be for a location in BC that is accessible to the public between 9 a.m. and 4 p.m. on business days for the delivery of records. A delivery address must not be a post office box.

- Item E** This is the signature of the authorized signing authority for the extraprovincial company. If the authorized signing authority is an attorney for the extraprovincial company and that attorney is a BC company, this form must be signed by an authorized signing authority for that company.

**Effective Date:**

The notice of change of address of the attorney will take effect at the beginning of the day (12:01 a.m. Pacific Time) following the date on which the notice is filed with the registrar.

**Filing Fee: \$20.00**

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 REGISTRATION NUMBER OF EXTRAPROVINCIAL COMPANY**

**B NAME OF EXTRAPROVINCIAL COMPANY**

**C FULL NAME OF ATTORNEY**

|           |            |             |
|-----------|------------|-------------|
| LAST NAME | FIRST NAME | MIDDLE NAME |
|-----------|------------|-------------|

COMPANY NAME

**D CHANGE OF ADDRESS OF ATTORNEY**

|                              |           |             |
|------------------------------|-----------|-------------|
| DELIVERY ADDRESS OF ATTORNEY | PROVINCE  | POSTAL CODE |
|                              | <b>BC</b> |             |

|                             |           |             |
|-----------------------------|-----------|-------------|
| MAILING ADDRESS OF ATTORNEY | PROVINCE  | POSTAL CODE |
|                             | <b>BC</b> |             |

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

|  |   |                               |
|--|---|-------------------------------|
| NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE EXTRAPROVINCIAL COMPANY | SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE EXTRAPROVINCIAL COMPANY | DATE SIGNED<br>YYYY / MM / DD |
|--|---|-------------------------------|

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