


New Brunswick
BUSINESS CORPORATIONS ACT
FORM 30
STATEMENT OF AMALGAMATION
EXTRA-PROVINCIAL CORPORATION
(SECTION 207)

1 - Name of Amalgamated Extra-Provincial Corporation

2 - Place of Amalgamation

3 - Address of registered office

4 - Mailing Address (if applicable)

5 - The place within New Brunswick where the principal office is to be situated

6 - Description of business in New Brunswick

7 - Names and addresses of directors of amalgamated extra-provincial corporation

Name	Residential Address or Address for Service
------	--

8 - Names and addresses of officers of amalgamated extra-provincial corporation

Name	Residential Address or Address for Service
------	--

9 - The amalgamation agreement has been legally approved and the relevant instruments effecting the amalgamation and agreements are attached.

10 - Name of Amalgamating Extra-Provincial Corporations	Extra-Provincial Corporation No.	Signature	Date	Description of Office

FOR DEPARTMENT USE ONLY

Extra-Provincial Corporation No.

Filed:

**BUSINESS CORPORATIONS ACT
STATEMENT OF AMALGAMATION
EXTRA-PROVINCIAL CORPORATION
FORM 30
INSTRUCTIONS**

Format

Documents required to be sent to the Director pursuant to the Business Corporations Act must conform to sections 4 to 9 of this Regulation.

Item 1

Set out a proposed name for the amalgamated extra-provincial corporation and any business name registered under the Partnerships and Business Names Registration Act which is required in order to comply with section 199 of the Act.

Item 2

Set out the state or province where the amalgamation took place.

Item 5

Set out the name of the place within New Brunswick where the principal office is to be situated. A post office box alone is not sufficient. If there is no office, give address and telephone number of attorney for service.

Item 6

State the principal business being carried out in New Brunswick.

Item 7

State the number of directors & the full residential address or address for service and telephone number of each director. It is permissible to specify a minimum and maximum number of directors.

Item 8

Set out name in full, residential address or address for service, and telephone number of each officer.

Item 9

Attach the instruments effecting the amalgamation and the amalgamation agreement if any.

Item 10

Name the amalgamating extra-provincial corporations.

Attach an appointment of an attorney for service in Form 25 and consent to act as attorney for service in Form 25.1

For Items 3, 4, 5, 7 and 8, set out the street number or RR number, municipality or Post Office, province and postal code. P.O. Box is not enough.

The fee for filing is \$200.00, plus \$12.00 publication fee, payable by cheque to Service New Brunswick.

Signature

A director or authorized officer of the amalgamated extra-provincial corporation shall sign the statement.

Completed documents in duplicate and fees, payable to Service New Brunswick, are to be sent to:

The Director
Corporate Affairs Branch
Service New Brunswick
P.O. Box 1998
Fredericton, New Brunswick
E3B 5G4

ADDITIONAL INFORMATION FORM: Statement of Amalgamation for an Extra-Provincial Corporation

The following information must accompany your statement of amalgamation forms that are being sent to Service New Brunswick Corporate Affairs

1) Information on the Business Number (BN)

A. Where the amalgamation has an existing BN, please provide it here:

Your corporation will have a BN you are incorporated in any jurisdiction in Canada;

Your corporation is a foreign corporation active in any jurisdiction in Canada.

B. Where corporation does not have an existing BN, Service New Brunswick will obtain one on your behalf.

If you are unsure if your business has a BN or you require information regarding the BN, please call the CCRA at 1-800-959-5525 [French version (1-800-959-7775) or visit www.ccra.gc.ca/bn [www.adrc.gc.ca/ne for French version]

Additional Information

A. Corporate Certificate Number in the corporation's jurisdiction of incorporation:

B. Language preference for correspondence:

English

French

C. Person to contact regarding the application:

Name:

Position:

Telephone Area Code:

Telephone Number:

Fax Area Code:

Fax Number:

The above information is used to generate or confirm the BN, which serves as a common identifier for federal and provincial purposes. The Government of New Brunswick and the CCRA have agreed to use the BN as a common business identifier. Over the coming months the New Brunswick government will continue to phase in use of the BN with provincial departments and agencies.

The following information, collected on the above form and on Service New Brunswick Corporate Affairs forms will be sent to the CCRA to confirm or create a BN:

- business or corporate name
- registration or incorporation dates
- owner or director names and their phone and fax numbers
- ownership type; physical and mailing address
- business phone and fax numbers
- contact names and their phone and fax numbers
- language preference

This information, including the BN, will also be retained in the Business Registration Service information system of SNB for administrative purposes and to facilitate future registrations. Corporate Affairs will retain the BN, as well as information set out on its forms.