

See instructions for completion  
on the back of this form.

# Annual Return

Business Corporations Act

Corporate Access No. \_\_\_\_\_ For Year Ending \_\_\_\_\_

Date of Incorporation, Continuance, Amalgamation or Registration \_\_\_\_\_  
YEAR MONTH DAY

1. Name of Corporation

2. Address

3. Has there been any change of directors?  Yes  No

4. If Yes, have Corporate Registry Records been updated?  Yes  No If No, attach the update to this form.

### 5. SHAREHOLDER INFORMATION

### 6. CHANGES IN SHAREHOLDERS (if applicable)

Name and Address _____ % of voting shares issued _____	Name and Address _____ % of voting shares issued _____
Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>	Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>
Name and Address _____ % of voting shares issued _____	Name and Address _____ % of voting shares issued _____
Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>	Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>
Name and Address _____ % of voting shares issued _____	Name and Address _____ % of voting shares issued _____
Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>	Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>
Name and Address _____ % of voting shares issued _____	Name and Address _____ % of voting shares issued _____
Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>	Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>
Name and Address _____ % of voting shares issued _____	Name and Address _____ % of voting shares issued _____
Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>	Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>

### 7. IMPORTANT NOTICE TO CORPORATION

\_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature  
(for non-profit companies only)

\_\_\_\_\_  
Name and Title of Person Authorizing  
(please PRINT)

\_\_\_\_\_  
Provide Identification (e.g. Operator's Licence)  
(not applicable for non-profit companies)

# Annual Return

## BUSINESS CORPORATIONS ACT

### INSTRUCTIONS

The information contained in an Annual Return shall be up to date as of the last day of the corporation's anniversary month.

Items 2 and 3.

Unless previously filed, any changes, additions or deletions made to the following items must be submitted to an authorized service provider.

- Registered Office Address / Address for Service by Mail
- Attorney - Extra-Provincial Corporation
- Address of Attorney
- Directors

Item 5. This question must be answered by all corporations **except non-profit companies limited by guarantee**. If the corporation has not filed an Annual Return previously, this item will be blank.

- List the shareholders, their addresses, and the percentage of issued voting shares each holds
- If there are more than five shareholders, list the five who hold the highest percentage of issued voting shares
- If a shareholder is a corporation, give the corporate access number of that corporation
- If the corporation is a distributing corporation and cannot give this shareholder information, indicate the name and complete mailing address of the Transfer Agent
- The percentages you give **must add up to 100%** unless you have listed only the five major shareholders
- Indicate if this shareholder is also a director.

Item 6. Give any changes or corrections to the shareholder information listed in Item 5.  
List any new shareholders . Refer to Item 5 for required shareholder information.  
Indicate if this shareholder is also a director.

#### Other Documents

1. **Alberta Public Non-Profit Companies** must include with this form:
  - (a) a certified true copy of the last audited balance sheet,
  - (b) a certified copy of the auditor's report,
  - (c) (i) **Limited-By-Guarantee Companies**: a list of officers, giving the name, complete mailing address including postal code, and the position held within the society by each person,  
(ii) **Share-Capital Companies**: a list of shareholders, giving the name, complete mailing address including postal code, and the percentage of issued voting shares held by each.
2. **Alberta Private Non-Profit Companies and Extra-Provincial Non-Profit Corporations** must include with this form the items described in 1.(c) (i) or (ii) above.

The filing of annual returns, with the exception of non-profits, are no longer processed at a government office. Please take your annual return to an authorized service provider for processing. For information on authorized service providers, please visit our website at [www.gov.ab.ca/gs](http://www.gov.ab.ca/gs) or consult the telephone directory SUPERPAGES under "Licence and Registry Services".

#### NON-PROFIT COMPANIES ONLY:

Complete this form and return  
(no fee required) to:

Alberta Registries  
PO BOX 1007 STN MAIN  
EDMONTON AB T5J 4W6

*This information is being collected for the purposes of corporate registry records in accordance with the Business Corporations Act. Questions about the collection of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for Alberta Registries, Box 3140, Edmonton, Alberta T5J 2G7, (780) 427-7013.*