

This information is collected in accordance with the *Business Corporations Act*. It is required to reactivate an Alberta corporation's registration for the purpose of issuing a certificate of revival. Collection is authorized under s. 33(a) of the *Freedom of Information and Protection of Privacy Act*. Questions about the collection can be directed to Service Alberta Contact Centre staff at cr@gov.ab.ca or 780-427-7013 (toll-free 310-0000 within Alberta).

1. Name of Dissolved Corporation	2. Corporate Access Number

3. Why was the corporation dissolved?

4. What is your interest in or relationship to the corporation?

5. State your reasons for reviving the corporation:

6. Applicant

Last Name	First Name	Middle Name
Street/Postal Address		
City/Town	Province/State	Postal/Zip Code

7. Authorized Representative/Authorized Signing Authority for the Corporation

Last Name, First Name, Middle Name (optional)	Relationship to Corporation
Telephone Number (optional)	Email Address (optional)
Date of submission (yyyy-mm-dd)	Signature

Annual Return

Business Corporations Act

The information contained in an annual return shall be up to date as of the last day of the anniversary month

1. Corporate Access Number _____

2. Name of Corporation _____

3. Address _____ City / Town _____ Province _____ Postal Code _____

4. This Report is for Year Ending _____ 5. Date of Incorporation, Continuance, Amalgamation or Registration _____ year _____ month _____ day

6. Has there been a change of directors? Yes No
 If Yes, has a Notice of Directors been filed? Yes No If No, submit with Annual Return.

7. SHAREHOLDERS

Name	Corporate Access Number	% of Voting Shares Issued
Full Address (including postal code)		
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Full Address (including postal code)		
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Full Address (including postal code)		
Name	Corporate Access Number	% of Voting Shares Issued
Full Address (including postal code)		
Name	Corporate Access Number	% of Voting Shares Issued
Full Address (including postal code)		

Authorized Signature _____

Name of Person Authorizing (please print) _____

Date _____

Telephone Number (Business) _____

Identification
(not applicable for societies and non-profit companies)

Title (please print) _____

Telephone Number (Residence) _____

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, Research and Program Support, Box 3140, Edmonton, Alberta T5J 2G7, (780) 427-7013.

Notice of Address or Notice of Change of Address

Business Corporations Act
Section 20

1. Name of Corporation

2. Corporate Access Number

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3. Address of Registered Office (*P.O. Box number can only be used by a Society*)

Street	City / Town	Province	Postal Code
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OR

Legal Land Description	Section	Township	Range	Meridian
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4. Records Address (*P.O. Box number cannot be used*)

Street	City / Town	Province	Postal Code
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OR

Legal Land Description	Section	Township	Range	Meridian
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5. Address for Service by Mail (*if different from Item 3*)

NOTE: If this is a change, please read instructions carefully.

Post Office Box Only	City / Town	Province	Postal Code
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Authorized Signature

Name of Person Authorizing (*please print*)

Date

Telephone Number (*daytime*)

Identification
(*not applicable for societies and non-profit companies*)

Title (*please print*)

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Notice of Directors or Notice of Change of Directors

Business Corporations Act
Sections 106, 113 and 289

1. Name of Corporation

**2. Alberta Corporate
Access Number**

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3. The following persons were appointed Director(s) on _____ :
year / month / day

Name of Director <i>(Last, First, Second)</i>	Mailing Address <i>(including postal code)</i>	Are you a resident Canadian?	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

4. The following persons ceased to hold office as Director(s) on _____ :
year / month / day

Name of Director <i>(Last, First, Second)</i>	Mailing Address <i>(including postal code)</i>

5. As of this date, the Director(s) of the corporation are:

Name of Director <i>(Last, First, Second)</i>	Mailing Address <i>(including postal code)</i>	Are you a resident Canadian?	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

6. To be completed only by Alberta Corporations:

Are at least 1/4 of the members of the Board of Directors resident Canadians? Yes No

Authorized Signature
Name of Person Authorizing *(please print)*
Date

Telephone Number *(daytime)*
Identification
(not applicable for non-profit companies)
Title *(please print)*

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