

The Corporations Act
CORPORATE FILING REQUEST



A	<p>Effective Date of articles or registration (Optional)</p> <p>You may choose to have your articles or registration have an effective date that is up to 30 days in the future from the date that you filed the documents. Documents will be released on or after this date. If you wish this option, please enter the requested effective date in the space below. Verbal or other forms of requests will not be honoured. If this date is left blank, your articles or registration will be made effective the date that your documents were received by the Companies Office:</p> <div style="margin-top: 10px;"><div style="display: inline-block; width: 15%; border-bottom: 1px solid black; text-align: center;">Day</div><div style="display: inline-block; width: 15%; border-bottom: 1px solid black; text-align: center;">Month</div><div style="display: inline-block; width: 15%; border-bottom: 1px solid black; text-align: center;">Year</div></div>										
B	Expedited Service required (additional fees required)										
C	<p>Current name of the corporation</p> <div style="margin-top: 10px;"><div style="border-bottom: 1px solid black; width: 100%;"></div></div> <div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div>Business Number <div style="border-bottom: 1px solid black; width: 30%;"></div></div><div>and/or</div><div>Registry Number <div style="border-bottom: 1px solid black; width: 30%;"></div></div></div></div>										
D	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 65%; padding: 5px;"><p>Identify the form being filed:</p><p>Articles of <div style="border-bottom: 1px solid black; width: 80%;"></div></p><p>Application for <div style="border-bottom: 1px solid black; width: 80%;"></div></p><p>Other <div style="border-bottom: 1px solid black; width: 80%;"></div></p></td><td style="width: 35%; padding: 5px; vertical-align: top;"><p>If a Request for Name Reservation was filed, provide the Reservation Number</p></td></tr></table>	<p>Identify the form being filed:</p> <p>Articles of <div style="border-bottom: 1px solid black; width: 80%;"></div></p> <p>Application for <div style="border-bottom: 1px solid black; width: 80%;"></div></p> <p>Other <div style="border-bottom: 1px solid black; width: 80%;"></div></p>	<p>If a Request for Name Reservation was filed, provide the Reservation Number</p>								
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E	<p>Mailing Address for Annual Returns</p> <p>NEW Corporations - If not completed, the registered office address will be recorded as the mailing address</p> <p>EXISTING Corporations – If not completed, no changes will be made to the mailing address on record</p>										
F	<p>Optional: I wish to receive an e-mail notification to the following address when the annual return is due to be filed.</p> <div style="margin-top: 20px;"><p>Note: In the event that the e-mail notification is undeliverable, the Annual Returns will be sent to the Mailing Address on record.</p></div>										
G	<table style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;">Name and address of sender:</td><td style="width: 50%; vertical-align: top;">Contact person:</td></tr><tr><td></td><td><div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div></td></tr><tr><td></td><td>Tel(8:30-4:30): <div style="border-bottom: 1px solid black; width: 80%;"></div></td></tr><tr><td></td><td>Fee enclosed: <div style="border-bottom: 1px solid black; width: 80%;"></div></td></tr><tr><td></td><td>Client Reference Number: <div style="border-bottom: 1px solid black; width: 80%;"></div></td></tr></table>	Name and address of sender:	Contact person:		<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>		Tel(8:30-4:30): <div style="border-bottom: 1px solid black; width: 80%;"></div>		Fee enclosed: <div style="border-bottom: 1px solid black; width: 80%;"></div>		Client Reference Number: <div style="border-bottom: 1px solid black; width: 80%;"></div>
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H	<p>OFFICE REPLY</p> <p><input type="checkbox"/> Forms accepted, your copy is enclosed.</p> <p>REMARKS <div style="border-bottom: 1px solid black; width: 90%;"></div></p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 90%;"></div>										
Date	Signature for receipt										

Return fee and two copies of forms to:
Companies Office, 1010-405 Broadway, Winnipeg, Manitoba R3C 3L6

Available in alternate formats, upon request

The Corporations Act
**APPLICATION FOR SUPPLEMENTARY
CERTIFICATE OF REGISTRATION**



1. Name of body corporate (after continuance, change of name or amalgamation)

2. Date of continuance, change of name or amalgamation

3. Registered office address in current jurisdiction (include postal code)

COMPLETE ONLY ITEM 4, 5, 6 OR 7

4. **CONTINUANCE**

(a) If change of name occurred, current name on record in Manitoba

(b) New jurisdiction and governing statute

(c) New Home Jurisdiction Registry Number

5. **CHANGE OF NAME**

(a) Current name in Manitoba

6. **AMALGAMATION**

a) Jurisdiction of amalgamation

b) Home Jurisdiction Registry Number

c) Business number of amalgamated corporation (if already assigned)

d) Names of **all** amalgamating bodies corporate

Office Use Only

7. **CORRECTION OF ERROR IN PREVIOUS APPLICATION**

a) Date of application being corrected

b) Details

Date

Signature

Office held