CORPORATIONS INFORMATION ACT ANNUAL RETURN FOR ONTARIO CORPORATIONS (2009 and later tax years)

Corporation's name	Business Number	Tax year-end				_
		Y	ear	1	Month	Day

- This schedule should be completed by a corporation that is incorporated, continued, or amalgamated in Ontario and subject to the Ontario Business Corporations Act (BCA) or Ontario Corporations Act (CA), except for registered charities under the federal Income Tax Act. This completed schedule serves as a Corporations Information Act Annual Return under the Ontario Corporations Information Act.
- Complete parts 1 to 4. Complete parts 5 to 7 only to report change(s) in the information recorded on the Ontario Ministry of Government Services (MGS) public record.
- This schedule must set out the required information for the corporation as of the date of delivery of this schedule.

 A completed Ontario Corporations Information Act An The MGS considers this return to be delivered on the tax return. 			
 It is the corporation's responsibility to ensure that the shown for the corporation on the public record mainta information. 			
This schedule contains non-tax information collected to MGS for the purposes of recording the information on Part 1 – Identification			information will be sent to the
	0		
100 Corporation's name (exactly as shown on the MGS publi	c record)		
Jurisdiction incorporated, continued, or amalgamated,	110 Date of incorporation or		120 Ontario Corporation No.
whichever is the most recent	amalgamation, whichever is the most recent	Year Month Day	
Ontario			0 0
Part 2 – Head or registered office addres Care of (if applicable)	s (P.O. box not acceptable as	stand-alone address) ————	
210 Street number 220 Street name/Rural route/Lot and			230 Suite number
Additional address information if applicable (line 220 must	st be completed first)		
250 Municipality (e.g., city, town) 260 Pro	ovince	270 Country	280 Postal code
Part 3 – Change identifier ————			
Have there been any changes in any of the information names, addresses for service, and the date elected/al senior officers, or with respect to the corporation's mapublic record maintained by the MGS, obtain a Corpo	ppointed and, if applicable, the da tiling address or language of prefe ration Profile Report. For more info	te the election/appointment ceased rence? To review the information s ormation, visit www.ServiceOntar	d of the directors and five most shown for the corporation on the
If there are changes, enter 2 in this box and			rt 4 – Certification."
Part 4 – Certification I certify that all information given in this Corporations	Information Act Annual Return is t	rue, correct, and complete.	
450	451	454	
Last name	First name		Middle name(s)
Please enter one of the following numbers i knowledge of the affairs of the corporation.	•		r 3 for other individual having

	– Part 4 – Certification –						
١.							
10	I certify that all information given in this Corporations Information Act Annual Return is true, correct, and complete.						
450	4	451	454				
	Last name	First name	Middle name(s)				
460	Please enter one of the following numbers in this box for the above-named person: 1 for director, 2 for officer, or 3 for other individual having knowledge of the affairs of the corporation. If you are a director and officer, enter 1 or 2.						
No	ote: Sections 13 and 14 of the Ontario Corporations Info	rmation Act provide penalties for making false	or misleading statements or omissions.				

Complete the applicable parts to report changes in the information recorded on the MGS public record.

	– Part 5 – Mailing address —								
500		numbers in this box: 1 – Show no mailing a	address on the MGS	S public reco	rd				
500	T lease effet one of the following h	2 – The corporation's				tered office addr	ess in Part	2 of this schedule	
		3 – The corporation's	complete mailing a	ddress is as	follows:				
510	Care of (if applicable)								
520	Street number 530 Street name/Rura	al route/Lot and Concession number					540	Suite number	
520	Street Humber 530 Street Hame/ Hum	arroute/Lot and Concession number					540	Suite Humber	
550	Additional address information if applical	ble (line 530 must be completed first)							
560	Municipality (e.g., city, town)	570 Province/state	580	Country			590	Postal/zip code	
300	Wallicipality (e.g., city, town)	370 Trovince/state	50	Ocuminy			590	1 Ostanzip code	
		·							
	 Part 6 – Language of prefere 								
600		nce by entering 1 for English or 2 for French	ch. This is the langu	uage of prefe	rence recorded of	on the MGS publi	c record for	communications	
	with the corporation. It may be dif	ferent from line 990 on the T2 return.							
	Dort 7 Director/Officer infer	una ati a m			CRA i	nternal form i	dentifier 5	47, Code 0902	
	 Part 7 – Director/Officer info 		P		207				
1	•	t is a director (or must be reported ceased	,	•			I-4- U 7	00 +- 700	
1	officer: If the individual named in this part in the applicable lines from 801 to 912.	is one of the corporation's five most senior	r officers (or must be	e reported ce	eased in an office	r position), comp	iete iines 70	00 to 790 and	
	• •	ed in this part is a director and one of the c	orporation's five mo	st senior off	cers (or must be	reported ceased	in these po	sition(s)),	
	omplete lines 700 to 797 and the applicable								
		ation on the MGS public record for all its di e dates for all except the corporation's five			of its most senior	officers. If the MO	3S public re	cord shows	
	·	r/officer, or changes to both the address ar		•	a director/officer	enter the direct	or/officer inf	ormation exactly	
		with a cease date, and then photocopy and					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	omanon oxaony	
Ple	ease photocopy this page and complete Pa	art 7 only for each additional individual for	whom director/office	er informatio	n changes are be	ing reported.			
		•			ŭ	•	ا مناطنیه	raaard	
	,	not acceptable as stand-alone address). The nar		700 to 710 n				ecora.	
700	Last name	705 Firs	st name		710	Middle name(s)		
720	Street number 730 Street name/Rura	al route/Lot and Concession number					740	Suite number	
750	Additional address information if applical	ble (line 730 must be completed first)							
760	Municipality (e.g., city, town)	770 Province/state	780	Country			790	Postal/zip code	
700	,	770	70	,,			/ 50		
Dir	ector		Date ele	cted/appoint	ed	Date o	eased, if ap	plicable	
ls t	his director a resident Canadian?	5 1 Yes 2 No	Year	Month	Day	Year	Mor		
1	plies to directors of corporations with shar	re capital only) 79	6			7	1 1		
-						·			
Off	ficer information		Date	appointed		Date c	Date ceased, if applicable		
			Year	Month	Day	Year	Mor	nth Day	
Pre	esident	80	1	1	1 80	2			
	cretary	80	6		80	7			
		01	1		81	2			
1	easurer neral Manager	01	6		81	7			
	•	22			82				
	air	92			82		+ + + +	- 	
	airperson	92			83			- 	
	airman	92			83			+	
	airwoman	0.4					\bot		
Vic	e-Chair	84			84			\longrightarrow	
Vic	e-President	84			84			$\overline{}$	
Ass	sistant Secretary				85		\bot		
Ass	sistant Treasurer				85				
Ch	ief Manager				<u> </u>		\bot		
Exe	ecutive Director			\perp	<u> </u>		\bot	\perp	
Ma	naging Director	87	1		87	2			
Ch	ief Executive Officer	87	6		87	7	\bot		
	ief Financial Officer	00	1	Ti	88	2 1			
	ief Information Officer	00	6 1 1	i	88	7 1			
	ief Operating Officer	90	1		89	2	 		
	. •	90			89		+ + +		
	ief Administrative Officer	00			90		+++	+ + +	
	mptroller	00		+	90		+++	- - - 	
Au	thorized Signing Officer	90 01	1		90		+++	+	