

# ANNUAL REPORT

## FORM 6 – BC COMPANY

Section 51 Business Corporations Act

**DO NOT MAIL THIS FORM** to BC Registry Services unless you are instructed to do so by registry staff. The Regulation under the Business Corporations Act requires the electronic version of this form to be filed on the Internet at

**Filing Fee for paper filing: \$43.39**

If you are instructed by registry staff to mail this form to the Corporate Registry, submit this form with a cheque or money order made payable to the Minister of Finance, or provide the registry with authorization to debit the fee from your BC OnLine Deposit Account.

Please pay in Canadian dollars or in the equivalent amount of US funds.

*Freedom of Information and Protection of Privacy Act (FOIPPA):*  
Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Business Corporations Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Manager of Registries Operations at 1 877 526-1526.  
PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3

**A INCORPORATION NUMBER OF COMPANY**

**B NAME OF COMPANY**

**C DATE OF RECOGNITION**

YYYY/MM/DD

**D DATE OF ANNUAL REPORT**

YYYY/MM/DD

**E PERSONS WHO HAVE BEEN APPOINTED AS OFFICERS**

**OFFICER NAME(S) AND ADDRESS(ES)** – Enter the full name, delivery address, mailing address (if different) and office held of each of the company's officers, if any. The officer may select to provide either (a) the delivery address and, if different, the mailing address for the office at which the individual can usually be served with records between 9 a.m. and 4 p.m. on business days or (b) the delivery address and, if different, the mailing address of the individual's residence. The delivery address must not be a post office box. Attach an additional sheet if more space is required.

**Note:** Listing officer appointments on the annual report is **optional**. If you choose to include officer information, you cannot file any change to this information until you file the annual report for next year.

FIRST NAME	MIDDLE NAME	LAST NAME			
DELIVERY ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
MAILING ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
OFFICE(S) HELD (i.e. president, secretary, vice president)					