



Ministry of Finance BC Registry Services

Mailing Address: PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3 Location: 2nd Floor – 940 Blanshard Street Victoria BC www.fin.gov.bc.ca/registries

NOTICE OF CHANGE OF ADDRESS OF LIQUIDATOR (AND/OR LIQUIDATION RECORDS OFFICE) FORM 22 – BC COMPANY

Section 329 Business Corporations Act

Telephone: 250 356-8626

INSTRUCTIONS:

Please type or print clearly in block letters and ensure that the form is signed and dated in ink.

- Item B Enter the name exactly as shown on the Certificate of Incorporation, Amalgamation, Continuation or Change of Name.
Item C If the liquidator is a corporation or firm, enter the full name of the corporation or firm.
Item D The delivery address must be a physical address where notices and records can be delivered. The delivery address must not be a post office box.
Item E The delivery address must be for a location in BC that is accessible to the public between 9 a.m. and 4 p.m. on business days for the delivery of records. The address must not be a post office box.
Item F If the liquidator is a corporation or firm, this form must be signed by an authorized signing authority for the corporation or firm.

Filing Fee: \$20.00

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 Executive Coordinator of the BC Registry Services at 250 356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

OFFICE USE ONLY – DO NOT WRITE IN THIS AREA

A INCORPORATION NUMBER OF COMPANY

B NAME OF COMPANY

C FULL NAME OF LIQUIDATOR

LAST NAME FIRST NAME MIDDLE NAME

CORPORATION OR FIRM NAME

D CHANGE OF ADDRESS OF LIQUIDATOR

DELIVERY ADDRESS OF LIQUIDATOR PROVINCE POSTAL CODE

MAILING ADDRESS OF LIQUIDATOR PROVINCE POSTAL CODE

E CHANGE OF ADDRESS OF LIQUIDATION RECORDS OFFICE

DELIVERY ADDRESS OF THE LIQUIDATION RECORDS OFFICE PROVINCE POSTAL CODE

BC

MAILING ADDRESS OF THE LIQUIDATION RECORDS OFFICE PROVINCE POSTAL CODE

BC

F CERTIFIED CORRECT – I have read this form and found it to be correct.

NAME OF LIQUIDATOR SIGNATURE OF LIQUIDATOR DATE SIGNED YYYY / MM / DD

X