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

| Corporation's name | Business Number | Υe | ar | Гах у | ear-end Month | ı Da | у |
|--------------------|-----------------|----|----|-------|------------------|---------------|---|
| | | | | | | $\perp \perp$ | |
| | | | | | | $\perp \perp$ | _ |

- 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 Annual Return The MGS considers this return to be delivered on the date that tax return. | | | | • | • | |
|---|---|---|------------------------------------|--------------------------------------|-----------------|------|
| It is the corporation's responsibility to ensure that the information shown for the corporation on the public record maintained by the information. | • | | • | | | |
| This schedule contains non-tax information collected under the MGS for the purposes of recording the information on the publi Part 1 – Identification — | ic record maintained by th | • | nation Act. This | information will | be sent to the | |
| 100 Corporation's name (exactly as shown on the MGS public record) | | | | | | |
| Jurisdiction incorporated, continued, or amalgamated, whichever is the most recent Ontario | Date of incorporation or amalgamation, whichever is the most recent | Year | Month Day | 120 Ontario C | Corporation No. | |
| Part 2 – Head or registered office address (P.O. | box not acceptable as | stand-alone addr | ess) ——— | | | |
| 200 Care of (if applicable) | | | | | | |
| 210 Street number 220 Street name/Rural route/Lot and Concessio | n number | | | | 230 Suite numbe | r |
| 240 Additional address information if applicable (line 220 must be comp | pleted first) | | | | | |
| 250 Municipality (e.g., city, town) 260 Province | | 270 Country | | | 280 Postal code | |
| Part 3 – Change identifier — | | • | | | | |
| Have there been any changes in any of the information most re names, addresses for service, and the date elected/appointed senior officers, or with respect to the corporation's mailing additionable public record maintained by the MGS, obtain a Corporation Pro | and, if applicable, the dat ress or language of prefer | e the election/appo ence? To review th | intment ceased ne information s | I of the director hown for the co | s and five most | |
| If there have been no changes, enter 1 in this box ar If there are changes, enter 2 in this box and complet | 9 | | then go to "Par | t 4 – Certificati | on." | |
| Part 4 – Certification ———————————————————————————————————— | | | | | | |
| I certify that all information given in this Corporations Information | on Act Annual Return is tr | ue, correct, and co | mplete. | | | |
| 450 451 | | | 154 | 5 C 4 H - | - (-) | , |

| _ | — Part 4 – Certification — | | | | | | | |
|-----|---|--|----------------|--|--|--|--|--|
| ١. | certify that all information given in this <i>Corporations Informatic</i> | on Act Annual Poturn is true, correct, and | complete | | | | | |
| ' | certify that all information given in this <i>corporations informatic</i> | on Act Annual Return is true, correct, and | complete. | | | | | |
| 450 | 450 451 454 | | | | | | | |
| | 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. | | | | | | | |
| ١ | Note: Sections 13 and 14 of the Ontario Corporations Information 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 | — Part 5 – Mailing address ——— | bers in this box: 1 – Show no mailing ad | dress on the MGS nublic record | |
| - | r loade office of the following flam | 2 - The corporation's m | ailing address is the same as the head or | registered office address in Part 2 of this schedule |
| _ | | 3 – The corporation's co | omplete mailing address is as follows: | |
| 510 | Care of (if applicable) | | | |
| 520 | Street number 530 Street name/Rural ro | oute/Lot and Concession number | | 540 Suite number |
| 550 | Additional address information if applicable | (line 530 must be completed first) | | |
| 560 | Municipality (e.g., city, town) | 570 Province/state | 580 Country | 590 Postal/zip code |
| | | | <u> </u> | <u> </u> |
| | — Part 6 – Language of preferenc | | | |
| 600 | Indicate your language of preference with the corporation. It may be difference | | . This is the language of preference record | ded on the MGS public record for communications |
| _ | | | | 24 into model for model in the control of the contr |
| | — Part 7 – Director/Officer informa | ation ————— | Ci | RA internal form identifier 547, Code 090 |
| 1 | Director: If the individual named in this part is | , | * * | |
| | Officer: If the individual named in this part is on the applicable lines from 801 to 912. | ne of the corporation's five most senior c | ifficers (or must be reported ceased in an | officer position), complete lines 700 to 790 and |
| • | Director and officer: If the individual named in | | poration's five most senior officers (or mus | st be reported ceased in these position(s)), |
| 1 | complete lines 700 to 797 and the applicable line. The corporation is required to show information | | otors and a maximum of five of its most se | anior officers. If the MGS public record shows |
| | more than five officer positions, report cease da | | | sinor officers, if the Mad public record shows |
| | To report changes to the name of a director/offi as shown incorrectly on the public record, with | | | fficer, enter the director/officer information exactly |
| | Please photocopy this page and complete Part 7 | , | , | |
| | full name and address for service (P.O. box not | • | · · | |
| 700 | . | · · · · · · · · · · · · · · · · · · · | name | 710 Middle name(s) |
| | | | | `` |
| 720 | Street number 730 Street name/Rural ro | oute/Lot and Concession number | | 740 Suite number |
| 750 | Additional address information if applicable | (line 730 must be completed first) | | |
| 760 | Municipality (e.g., city, town) | 770 Province/state | 780 Country | 790 Postal/zip code |
| Ę | | | | |
| | Director | Yes 2 No | Date elected/appointed Year Month Day | Date ceased, if applicable Year Month Day |
| 1 | s this director a resident Canadian? | 706 | l l l l l l l l | 797 |
| F, | applies to directors of corporations with share of | apital offly) | | |
| o | Officer information | | Date appointed | Date ceased, if applicable |
| | | | Year Month Day | Year Month Day |
| P | President | 801 | | 802 |
| s | Secretary | | | 807 |
| T | reasurer | | | 812 |
| G | General Manager | 816 821 | | 817 |
| 1 | Chair | 826 | | 827 |
| 1 | Chairperson | 931 | | 832 |
| 1 | Chairman | 836 | | 837 |
| 1 | fice-Chair | 841 | | 842 |
| 1 | /ice-President | 0/10 | | 847 |
| 1 | ssistant Secretary | 951 | | 852 |
| 1 | ssistant Treasurer | 956 | | 857 |
| c | Chief Manager | | | 862 |
| E | xecutive Director | | | 867 |
| N | lanaging Director | | | 872 |
| C | Chief Executive Officer | | | 877 |
| 1 | Chief Financial Officer | 200 | | 882 |
| 1 | Chief Information Officer | 901 | | 887 |
| 1 | Chief Operating Officer | 906 | | 892 |
| 1 | Chief Administrative Officer | 901 | | 902 |
| 1 | Comptroller | 006 | | 907 |
| A | authorized Signing Officer | 011 | | 912 |