



**RETURN THIS FORM TO:**  
 Service Alberta  
 Consumer Services Division  
 3rd Floor, 10155 102 Street  
 EDMONTON AB T5J 4L4  
 Fax No.: (780) 427-3033

**Notice of Directors/  
 Change of Directors/  
 Change of Director's Address**  
 Cooperatives Act  
 Sections 68, 274(1), 278(5), 279(7), and 378(1)

**PLEASE PRINT OR TYPE**

Alberta cooperatives are to submit this form within 15 days of any change.  
 Extra-Provincial cooperatives are to submit this form within one month of any change.

<b>1. Name of Cooperative</b>	<b>2. Alberta Corporate Access Number</b> <i>(as noted on registration documents)</i>

**NOTE: If additional space is required under Items 3, 4 or 5, see page 2 for more space.**

**3. The following persons were appointed Director(s) or have changed positions on:** \_\_\_\_\_ mm/dd/yyyy

Position Held	Name of Director <i>(Last, First, Middle Initial)</i>	Mailing Address <i>(include Postal Code)</i>	Resident in Canada?	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**4. The following persons ceased to hold office as Director(s) on:** \_\_\_\_\_ mm/dd/yyyy

Position Held	Name of Director <i>(Last, First, Middle Initial)</i>	Mailing Address <i>(include Postal Code)</i>

**5. The following Director(s) have changed their address:**

Position Held	Name of Director <i>(Last, First, Middle Initial)</i>	Mailing Address <i>(include Postal Code)</i>	Resident in Canada?	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**6. To be completed only by Alberta Cooperatives:**

Are over half of the members of the Board of Directors resident in Canada, as per Section 52(4) of the Act?  Yes  No

_____ Signature of Authorized Person	_____ Title <i>(please PRINT)</i>	_____ Date <i>(mm/dd/yyyy)</i>
_____ Name <i>(please PRINT)</i>	_____ Daytime Telephone Number <i>(include area code)</i>	

*This information is being collected for the purposes of corporate registry records in accordance with the Cooperatives Act. Questions about the collection of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for the Alberta Government, Box 3140, Edmonton, Alberta T5J 2G7, (780) 427-5210.*

# Notice of Directors/Change of Directors/Change of Director's Address Continued

## Additional space for Items 3, 4 and 5.

3. The following persons were appointed Director(s) or have changed positions on: \_\_\_\_\_ mm/dd/yyyy

Position Held	Name of Director (Last, First, Middle Initial)	Mailing Address (include Postal Code)	Resident in Canada?	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

4. The following persons ceased to hold office as Director(s) on: \_\_\_\_\_ mm/dd/yyyy

Position Held	Name of Director (Last, First, Middle Initial)	Mailing Address (include Postal Code)

5. The following Director(s) have changed their address:

Position Held	Name of Director (Last, First, Middle Initial)	Mailing Address (include Postal Code)	Resident in Canada?	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>