



Notice of Agent for Service/Change of Agent for Service for Alberta and Extra-provincial Corporation

Public (when completed)

Business Corporations Act
Sections 20.1, 20.2, 280 and 288

This information is collected, used and may be publicly disclosed in accordance with s. 33(a,c), 39(1)(a,c) and 40(1)(c,e,f) of the *Freedom of Information and Protection of Privacy Act*; the *Business Corporations Act* and the *Common Business Number Act*. It is required to register or update an Alberta or extra-provincial corporation's agent for the purpose of notice and service. Questions can be directed to the Service Alberta Contact Centre at cr@gov.ab.ca or 780- 427-7013(toll-free 310-0000 within Alberta).

1. Name of Corporation	2. Corporate Access Number	3. Business Number (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Agent for Service (Select the appropriate option)

- Appointment of primary agent for service
- Change of primary agent for service
- Appointment of alternate agent for service
- Change of alternate agent for service
- Resignation of _____ as _____
Name of Agent for Service

Date of Resignation yyyy-mm-dd _____

The agent for service confirms that a 60-day resignation notice has been given to the corporation at its registered office/head office.

- Revocation of appointment of _____ as _____
Name of Agent for Service
- Date of Revocation yyyy-mm-dd _____

5. The corporation has appointed

_____	_____	_____
First Name	Middle Name (optional)	Last Name

of _____ as the corporation's _____
Firm Name (optional)

Date of Appointment yyyy-mm-dd _____

6. Full Address of Agent for Service

Street Address/Legal Land Description/Mailing Address	City or Town	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address (mandatory)

7. Consent to act as Agent for Service

_____ has consented to act as the
Name of Agent for Service (first, middle, last)

agent for service of the above named corporation.

8. Authorized Representative/Authorized Signing Authority for the Corporation

_____	_____	_____
First Name	Middle Name (optional)	Last Name
_____	_____	_____
Relationship to Corporation	Email Address	Phone Number
_____	_____	_____
Date of Submission yyyy-mm-dd	Signature	