
DISTRIBUTOR NAME

YEAR OF Annual Return

Fiscal Year End (M/D/Y) _____

Office location _____ Legal Description _____

COMPLETE Mailing Address (with postal code) _____

Email address: _____

Annual Meeting Held at: _____ Date: _____ Time _____

Members - Active _____ Inactive _____ Total Present at meeting _____

Name of Auditor appointed: _____ Financial Statements (1 copy) Sent _____ Attached _____

Annual Meeting minutes sent with form? (please attach): _____

If written attach - Chairman's report _____ Manager's report _____

Officers: (or attach list)

Name	Director (please circle)	Complete ADDRESS & POSTAL CODE	Phone	Term
Chairman	Yes No			to
V / Chairman	Yes No			to
Sec / Treas.	Yes No			
Manager	Yes No			
Off. Supervisor	Yes No			

Remainder of Directors (or attach list)	COMPLETE ADDRESS & POSTAL CODE	Phone	Term
			to
			to
			to
			to
			to
			to
			to
			to

Please return this Corporate Registry form along with other requested information following your annual meeting. Send to: Alberta Agriculture and Rural Development, Rural Utilities Division, Room 200, J.G. O'Donoghue Bldg, 7000 - 113 Street, Edmonton, Alberta T6H 5T6

Completed by _____ Date _____