



STONY PLAIN REGISTRIES  
#101- 4911-50TH STREET  
STONY PLAIN ALBERTA  
T7Z 1T3  
EMAIL: INFO@STONYPLAINREGISTRIES.COM  
PHONE: 780-968-2050  
FAX: 780-968-2136

#### Extra Provincial Registration IN ALBERTA

NOTE: IF CORP IS BC or SASK REGISTERED, NWTPA REG THROUGH BC CORP or SASK Corp 1.

Complete the Statement of Registration

- 2 Complete the Notice of Attorney for Service
  - a. Please note: the attorney for service does not have to be a lawyer
3. NUANS search request - for Named Corporations only that are not currently Federally Registered.
4. Include Certified copies of ALL Charter Documents from your home jurisdiction (Cert and Articles of Incorporation) (A company official can certify copies)
5. Complete the Service Request
6. Pay the fee - by Cash, Debit, Personalized Cheque
7. NUANS report                      \$50.00                      (including GST)  
Extra Prov Reg                      \$460.00                      (including  
GST)

We need AT LEAST 2 Business hours to complete the NUANS Report, and at least 2 business hours to complete the incorporation.

Thank you

Stony Plain Registries

780-968-2050

# Extra Provincial Corporation Registration Service Request

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_  
Daytime

Drivers Licence# \_\_\_\_\_

Name of the Incorporation \_\_\_\_\_

I CONFIRM THAT THE INFORMATION SET OUT IN THE ATTACHED DOCUMENTS ACCURATELY REFLECTS MY INSTRUCTIONS.  
I UNDERSTAND THAT THE ROLE OF THE REGISTRY AGENT DOES NOT INCLUDE THE PROVISION OF LEGAL ADVICE

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Stony Plain Registries

**NAME SEARCH REQUEST—NUANS REPORT**    Stony Plain Registries  
Ph780- 968-2050 Fax780- 968-2136

**CHOOSING YOUR NAME**

**Descriptive** - should tell what your business does (eg welding, trucking, marketing)  
**Distinctive** - sets your name apart from others in the same line of business(eg Bob's, Speedy)

You should try to stay away from general terms like Enterprises, Industries, Holdings, as they have lost all meaning and are not descriptive of the type of business. Almost all combinations of these words along with 2 or 3 letters, (eg ABC Holdings Ltd.) Are already in use.

If you are incorporating the last word must be Limited, Ltd., Incorporated, Inc. Corporation, Corp., or the French Equivalents.

If you are a Society you name must include, Society, Foundation, Guild, Association, Club

- ( ) Alberta Incorporation/Extra Provincial  
( ) Trade Name ( ) Partnership ( ) Society ( ) Federal Incorporation

Chosen name (Please print clearly)

1. \_\_\_\_\_

Line of Business \_\_\_\_\_

A pre-screen of your chosen name will be done on the Alberta Corporate Registry Data Base, for exact matches and similar names. This pre-screen search **DOES NOT INCLUDE** names proposed for use, Federal Names or Trademarks which are protected and will appear on your NUANS report.

If we find a conflict with the pre-screen, you will be contacted to see if you wish to try a different name. Up to three names will be pre-screened per NUANS request without additional charges. *Choose your name carefully.*

**The fee for this search request is non-refundable, and we do not guarantee that our pre-screening will find all potential conflicts as there are limitations to the search function of Alberta Corporate Registry. The purpose of a NUANS report is to search the Alberta, Federal and Trademark databases and to find all potential conflicts so that you can determine whether or not to use a name. Obtaining a NUANS report does not guarantee that you can use a name or that it is in your best interest to use a name.**

**I have read the above information and understand it. I agree to pay the fee of \$ 50.00 including GST.**

Name \_\_\_\_\_ phone number  
where you can be reached today

Address \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

# Statement of Registration

Extra-Provincial Corporations  
Business Corporations Act  
Section 280

## 2. Date of Incorporation, Amalgamation or Continuance

### 1. Name of Corporation

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### 3. Place of Incorporation, Amalgamation or Continuance

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### 4. Head Office Address inside or Outside Alberta

Address (including postal / zip code)
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### 5. Principal Business of Corporation

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### 6. Directors of Corporation

Name
Address (including postal / zip code)

Name
Address (including postal / zip code)

Name
Address (including postal / zip code)

Name
Address (including postal / zip code)

Name
Address (including postal / zip code)

Name
Address (including postal / zip code)

7. Was this corporation ever incorporated or previously registered in Alberta?  Yes  No  
If Yes, under what name and corporate access number was it incorporated / registered?

Name of Corporation	Corporate Access Number
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8. Is this corporation valid and subsisting in its home jurisdiction?  Yes  No

\_\_\_\_\_  
Name of Person Authorizing (please print)

\_\_\_\_\_  
Identification

\_\_\_\_\_  
Title (please print)

\_\_\_\_\_  
Date

*This information is being collected for the purposes of corporate registry records in accordance with the Business Corporations 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 T6J 2G7. (780) 427-7013.*

# Notice of Attorney for Service or Change of Attorney or Alternative Attorney

Business Corporations Act  
Sections 290 and 298

## 2. Alberta Corporate Access Number

**1. Name of Corporation**

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**3. Attorney Status: (Check the appropriate box)**

- Attorney appointed for the purpose of registration
- Change of Attorney
- Alternative Attorney
- Change of Alternative Attorney
- Resignation / Revocation of \_\_\_\_\_ as Alternative Attorney.  
Name of Attorney

**4. The above mentioned corporation has appointed \_\_\_\_\_ as the  
corporation's Attorney for service.**  
Name of Individual

**5. Full Address of Attorney**

<small>Address (accessible to public)</small>	<small>City / Town</small>	<small>Province</small>	<small>Postal Code</small>
<small>Mailing Address (if different from above)</small>	<small>City / Town</small>	<small>Province</small>	<small>Postal Code</small>

**6. Attorney's Consent:**

I, \_\_\_\_\_ consent to act as the Attorney of the above named  
Name of Attorney

corporation, as of \_\_\_\_\_  
Date

\_\_\_\_\_  
Identification of Attorney

\_\_\_\_\_  
Name of Witness (please print)

\_\_\_\_\_  
Identification of Witness

\_\_\_\_\_  
Address of Witness

City / Town

Province

Postal Code

\_\_\_\_\_  
Name of Person Authorizing (please print)

\_\_\_\_\_  
Telephone Number (daytime)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Identification

\_\_\_\_\_  
Title (please print)

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