

Courtesy Translation

The Registraire des entreprises does not produce an English version of its forms. However, it provides translations of the content of the forms for information purposes.

Annual or Current Updating Declaration for a Trust Operating a Commercial Enterprise

Check the box corresponding to the type of declaration you are submitting.

Annual updating declaration Year: [REDACTED]

Current updating declaration

Québec enterprise number	
NEQ	[REDACTED]

Name of the trust appearing in the enterprise register

The information in the register **is up to date and does not need to be changed**. (If you check this box, go to Part 9.) Send all the pages of the form, even those that are left blank, but send only completed appendices.

Provide only the information that must be changed in the register.

Act respecting the legal publicity of enterprises (CQLR, c. P-44.1)

1 Identification

1.1 New name of the trust

New name of the trust

[REDACTED]

Version(s) of the name in a language other than French, if applicable

Addition
 Removal

Version(s) of the name in a language other than French, if applicable

Addition
 Removal

To provide context for the trust's name, complete Appendix 5 (enter your NEQ, if applicable). We will use the information to analyze the name and process your form.

1.2 Other names used in Québec

Addition

Name

[REDACTED]

Version(s) of the name in a language other than French, if applicable

[REDACTED]

Name

[REDACTED]

Version(s) of the name in a language other than French, if applicable

[REDACTED]

Removal

Name

[REDACTED]

Version(s) of the name in a language other than French, if applicable

[REDACTED]

Name

[REDACTED]

Version(s) of the name in a language other than French, if applicable

[REDACTED]

If you do not have enough space in section 1.2, complete Appendix 1 (enter your NEQ, if applicable).

To provide context for the other name used in Québec, complete Appendix 5 (enter your NEQ, if applicable). We will use the information to analyze the name and process your form.

1 Identification (continued)**1.3 New address of the trust's domicile** Change

Apartment or suite

Street number

Street name

City, town or municipality

Province, territory or state

Country

Postal code

1.4 Elected domicile (mailing address), if applicable Addition or change Removal

Name of enterprise (if it has another name, also enter it in section 1.2 of form RE-403)

Name of natural person

Last name

First name

Apartment or suite

Street number

Street name

City, town or municipality

Province, territory or state

Country

Postal code

2 Legal form Trust operating a commercial enterprise Addition or change Removal

Date of cessation, where applicable:

Y Y Y Y M M D D

 Change Removal

Act governing the trust specified in the constituting instrument, if applicable

3 New purpose of the trust

Describe the purpose of the trust in French.

4 Ultimate beneficiaries**4.1 Exemption from reporting ultimate beneficiaries**Is the enterprise exempted from reporting its ultimate beneficiaries? Yes NoIf you answered **Yes**, you must check the box below that explains the reason for the exemption before proceeding to section 5.If you answered **No**, go to section 4.2.

- The enterprise is a reporting issuer within the meaning of the *Securities Act* (CQLR, c. V-1.1).
- The enterprise is a financial institution covered by subparagraphs 1 to 3 of section 4 of the *Insurers Act* (CQLR, c. A-32.1).
- The enterprise is a bank or an authorized foreign bank listed in Schedule I, II or III to the *Bank Act* (C.S., c. 46).

4.2 Declaration by the registrant

- I have taken the necessary steps to locate the enterprise's ultimate beneficiaries and confirm their identities. I declare that all the enterprise's ultimate beneficiaries have been located and identified. (If you checked this box, go to section 4.3.)
- I have taken the necessary steps to locate the enterprise's ultimate beneficiaries and confirm their identities. I am reporting some ultimate beneficiaries but I cannot say that it is an exhaustive list. (If you checked this box, go to section 4.3.)
- I have taken the necessary steps to locate the enterprise's ultimate beneficiaries and confirm their identities. I declare that no ultimate beneficiaries were located or identified, but I cannot say that there are none. (If you checked this box, go to Part 5.)
- I have taken the necessary steps to locate the enterprise's ultimate beneficiaries and confirm their identities. I declare that no person fits the definition of "ultimate beneficiary." (If you checked this box, go to Part 5.)

4.3 Identification of the ultimate beneficiaries
 Addition or change
 Removal

Name of natural person

Last name	First name	Date of birth (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other name(s) used (e.g., a pseudonym)

OR

Name of enterprise

 The enterprise is considered to be a natural person. (Check this box if you indicated the name of an enterprise on the previous line.)
Ultimate beneficiary's status period

Status start date

Status end date

<input type="text"/>	<input type="text"/>
Y Y Y Y M M D D	Y Y Y Y M M D D

Domicile address (required)

Apartment number

Street number

Street name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City, town or municipality

Province, territory or state

Country

Postal code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Natural person's business address (optional)

 Removal

Apartment or suite

Street number

Street name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City, town or municipality

Province, territory or state

Country

Postal code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Ultimate beneficiary's situation

Check all that apply and specify the percentage, if applicable.

 Holds, controls or benefits from a number of units allowing them to exercise 25% or more of the voting rights
Percentage of voting rights
 25% to 50%
 More than 50% but not more than 75%
 More than 75%

 Holds or benefits from registrant shares and has agreed with other persons to jointly exercise 25% or more of the voting rights, or controls registrant shares in respect of which an entity has entered into such an agreement.

 Holds, controls or benefits from a number of units with a combined value of 25% or more of the fair market value of all the units issued by the registrant
Percentage of fair market value
 25% to 50%
 More than 50% but not more than 75%
 More than 75%

 Has a direct or indirect influence that, if exercised, would result in de facto control of the registrant

 Fits the definition of "ultimate beneficiary" but is not in any of the above situations

4.3 Identification of the ultimate beneficiaries (continued)
 Addition or change Removal
Other ultimate beneficiary

Name of natural person

Last name	First name	Date of birth (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Y Y Y Y M M D D

Other name(s) used (e.g., a pseudonym)

OR

Name of enterprise

 The enterprise is considered to be a natural person. (Check this box if you indicated the name of an enterprise on the previous line.)
Ultimate beneficiary's status period

Status start date

Status end date

<input type="text"/>	<input type="text"/>
Y Y Y Y M M D D	Y Y Y Y M M D D

Domicile address (required)

Apartment number	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>

City, town or municipality	Province, territory or state	Country	Postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Natural person's business address (optional)

 Removal

Apartment or suite	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>

City, town or municipality	Province, territory or state	Country	Postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Ultimate beneficiary's situation

Check all that apply and specify the percentage, if applicable.

 Holds, controls or benefits from a number of units allowing them to exercise 25% or more of the voting rights

Percentage of voting rights

 25% to 50% More than 50% but not more than 75% More than 75%

 Holds or benefits from registrant shares and has agreed with other persons to jointly exercise 25% or more of the voting rights, or controls registrant shares in respect of which an entity has entered into such an agreement.

 Holds, controls or benefits from a number of units with a combined value of 25% or more of the fair market value of all the units issued by the registrant

Percentage of fair market value

 25% to 50% More than 50% but not more than 75% More than 75%

 Has a direct or indirect influence that, if exercised, would result in de facto control of the registrant

 Fits the definition of "ultimate beneficiary" but is not in any of the above situations

4.3 Identification of the ultimate beneficiaries (continued)

 Addition or change Removal

Other ultimate beneficiary

Name of natural person

Last name	First name	Date of birth (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Y Y Y Y M M D D

Other name(s) used (e.g., a pseudonym)

OR

Name of enterprise

 The enterprise is considered to be a natural person. (Check this box if you indicated the name of an enterprise on the previous line.)

Ultimate beneficiary's status period

Status start date	Status end date
<input type="text"/>	<input type="text"/>
Y Y Y Y M M D D	Y Y Y Y M M D D

Domicile address (required)

Apartment number	Street number	Street name	Province, territory or state	Country	Postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City, town or municipality					

Natural person's business address (optional)

 Removal

Apartment or suite	Street number	Street name	Province, territory or state	Country	Postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City, town or municipality					

Ultimate beneficiary's situation

Check all that apply and specify the percentage, if applicable.

 Holds, controls or benefits from a number of units allowing them to exercise 25% or more of the voting rights

Percentage of voting rights

 25% to 50% More than 50% but not more than 75% More than 75%

 Holds or benefits from registrant shares and has agreed with other persons to jointly exercise 25% or more of the voting rights, or controls registrant shares in respect of which an entity has entered into such an agreement.

 Holds, controls or benefits from a number of units with a combined value of 25% or more of the fair market value of all the units issued by the registrant

Percentage of fair market value

 25% to 50% More than 50% but not more than 75% More than 75%

 Has a direct or indirect influence that, if exercised, would result in de facto control of the registrant

 Fits the definition of "ultimate beneficiary" but is not in any of the above situations

If you need more space, complete Appendix 2 (enter your NEQ, if applicable).

5 Activities, number of employees and establishments in Québec

5.1 Main activities (in order of importance)

 Change

EAC	1st activity	Specify, in French (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>

 Addition or change Removal

EAC	2nd activity (if applicable)	Specify, in French (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>

5.2 Number of employees in Québec

 Change

- None
 A 1 to 5
 B 6 to 10
 C 11 to 25
 D 26 to 49
 E 50 to 99
 F 100 to 249
 G 250 to 499
 H 500 to 749
 I 750 to 999
 J 1,000 to 2,499
 K 2,500 to 4,999
 L 5,000 or more

If the enterprise has 5 to 24 employees, please indicate the proportion of employees who are unable to communicate in French in the workplace. If this proportion is 0%, you must indicate it.

 %

5.3 Identification of establishments in Québec

The name indicated for an establishment must correspond to a name found in the register (name of the trust or other name used in Québec), to the new name of the enterprise entered in section 1.1., or to another new name used in Québec entered in section 1.2.

Principal establishment
 Other establishment
 Addition
 Change
 Removal

Name

Apartment or suite Street number Street name

City, town or municipality Province, territory or state Country Postal code

Main activities of this establishment

 Addition or change Removal

EAC 1st activity Specify, in French (optional)

 Addition or change Removal

EAC 2nd activity (if applicable) Specify, in French (optional)

Specific activities to be declared:

 Change

Tobacco retail sales outlet EAC
 Sale of artificial tanning services EAC

Principal establishment
 Other establishment
 Addition
 Change
 Removal

Name

Apartment or suite Street number Street name

City, town or municipality Province, territory or state Country Postal code

Main activities of this establishment

 Addition or change Removal

EAC 1st activity Specify, in French (optional)

 Addition or change Removal

EAC 2nd activity (if applicable) Specify, in French (optional)

Specific activities to be declared:

 Change

Tobacco retail sales outlet EAC
 Sale of artificial tanning services EAC

If you need more space, complete Appendix 3 (enter your NEQ, if applicable).

6 Administrator of the property of others

6.1 Trustee

Addition or change Removal

Mandate of administrator of the property of others

Start date of mandate: [Redacted]
Y Y Y Y M M D D

End date of mandate: [Redacted]
Y Y Y Y M M D D

Last name [Redacted]

First name [Redacted]

OR

Name of enterprise [Redacted]

Apartment or suite [Redacted]

Street number [Redacted]

Street name [Redacted]

City, town or municipality [Redacted]

Province, territory or state [Redacted]

Country [Redacted]

Postal code [Redacted]

Addition or change Removal

Mandate of administrator of the property of others

Start date of mandate: [Redacted]
Y Y Y Y M M D D

End date of mandate: [Redacted]
Y Y Y Y M M D D

Last name [Redacted]

First name [Redacted]

OR

Name of enterprise [Redacted]

Apartment or suite [Redacted]

Street number [Redacted]

Street name [Redacted]

City, town or municipality [Redacted]

Province, territory or state [Redacted]

Country [Redacted]

Postal code [Redacted]

Addition or change Removal

Mandate of administrator of the property of others

Start date of mandate: [Redacted]
Y Y Y Y M M D D

End date of mandate: [Redacted]
Y Y Y Y M M D D

Last name [Redacted]

First name [Redacted]

OR

Name of enterprise [Redacted]

Apartment or suite [Redacted]

Street number [Redacted]

Street name [Redacted]

City, town or municipality [Redacted]

Province, territory or state [Redacted]

Country [Redacted]

Postal code [Redacted]

If you need more space, complete Appendix 4 (enter your NEQ, if applicable).

6.2 Other administrator of the property of others, where applicable
 Addition or change Removal

Capacity codes for an administrator of the property of others:

SQ Receiver SY Trustee in bankruptcy AU Other

Mandate of administrator of the property of others

Start date of mandate:

Y Y Y Y M M D D

End date of mandate:

Y Y Y Y M M D D

Capacity code

If AU, specify the capacity, in French

Last name

First name

OR

Name of enterprise

Apartment or suite

Street number

Street name

City, town or municipality

Province, territory or state

Country

Postal code

7 Mandatory
 Addition or change Removal

Last name

First name

OR

Name of enterprise

Apartment or suite

Street number

Street name

City, town or municipality

Province

Country

Postal code

Québec

Canada

8 Special declaration
 The trust has become bankrupt within the meaning of the *Bankruptcy and Insolvency Act*.
9 Certification

I, (first and last names of signee, and, if applicable, name of enterprise)

having my address at (address)

hereby certify the following:

- I am required to sign the declaration, and the information in it is accurate and complete.
- I represent the person required to sign the declaration, who declares that the information is accurate and complete.
- I have been authorized to file the declaration for the representative of the person required to sign it. The representative has confirmed this person's identity, and the person required to sign has confirmed that the information in the declaration is accurate and complete.

Anyone who files with the Registraire, under the *Act respecting the legal publicity of enterprises* or any other act, a declaration or any other document that is false or misleading is liable to a fine of not less than \$500 nor more than \$5,000 in the case of a natural person, and not less than \$1,000 nor more than \$10,000 in any other case. See the guide for more information.

Signature

Date

Sign form RE-403 and return it along with your payment (if applicable). Do not fax it.

Contact person and priority service

Enter your contact information so that we can contact you if we need more information about the declaration.

This information is confidential and will be used solely for the purposes of the declaration. It will not be entered in the enterprise register.

Last name

First name

Area code

Telephone

Extension

Mailing address

Postal code

Email

If you are requesting priority processing, check the box below. Note that additional fees apply. See the Registraire des entreprises fees at [Québec.ca](http://Quebec.ca).

Priority service (**write "Traitement prioritaire" on your envelope**)

Authorized intermediary

To associate this request with your office, we need your NEQ.

Québec enterprise number

NEQ

Appendix 1

Complete Appendix 1 if you do not have enough space in section 1.2.

Complete Appendix 5 to provide context for the other names used in Québec.

1.2 Other names used in Québec (continued)

Addition

Name

[Redacted]

Version(s) of the name in a language other than French, if applicable

[Redacted]

Name

[Redacted]

Version(s) of the name in a language other than French, if applicable

[Redacted]

Name

[Redacted]

Version(s) of the name in a language other than French, if applicable

[Redacted]

Name

[Redacted]

Version(s) of the name in a language other than French, if applicable

[Redacted]

Name

[Redacted]

Version(s) of the name in a language other than French, if applicable

[Redacted]

Name

[Redacted]

Version(s) of the name in a language other than French, if applicable

[Redacted]

Name

[Redacted]

Version(s) of the name in a language other than French, if applicable

[Redacted]

Name

[Redacted]

Version(s) of the name in a language other than French, if applicable

[Redacted]

Name

[Redacted]

Version(s) of the name in a language other than French, if applicable

[Redacted]

Removal

Name

[Redacted]

Version(s) of the name in a language other than French, if applicable

[Redacted]

Name

[Redacted]

Version(s) of the name in a language other than French, if applicable

[Redacted]

Name

[Redacted]

Version(s) of the name in a language other than French, if applicable

[Redacted]

Name

[Redacted]

Version(s) of the name in a language other than French, if applicable

[Redacted]

Name

[Redacted]

Version(s) of the name in a language other than French, if applicable

[Redacted]

Name

[Redacted]

Version(s) of the name in a language other than French, if applicable

[Redacted]

Name

[Redacted]

Version(s) of the name in a language other than French, if applicable

[Redacted]

Name

[Redacted]

Version(s) of the name in a language other than French, if applicable

[Redacted]

Name

[Redacted]

Version(s) of the name in a language other than French, if applicable

[Redacted]

If the space provided is insufficient, photocopy the appendix, use it to provide your information and attach it to the form.

Complete Appendix 2 if you do not have enough space in section 4.3.

4.3 Identification of the ultimate beneficiaries (continued)

Addition or change Removal

Other ultimate beneficiary

Name of natural person

Last name [Redacted]	First name [Redacted]	Date of birth (required) [Redacted] <small>Y Y Y Y M M D D</small>
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Other name(s) used (e.g., a pseudonym)
[Redacted]

OR

Name of enterprise
[Redacted]

The enterprise is considered to be a natural person. (Check this box if you indicated the name of an enterprise on the previous line.)

Ultimate beneficiary's status period

Status start date [Redacted] <small>Y Y Y Y M M D D</small>	Status end date [Redacted] <small>Y Y Y Y M M D D</small>
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Domicile address (required)

Apartment number [Redacted]	Street number [Redacted]	Street name [Redacted]
City, town or municipality [Redacted]	Province, territory or state [Redacted]	Country [Redacted]
Postal code [Redacted]		

Natural person's business address (optional)

Apartment or suite [Redacted]	Street number [Redacted]	Street name [Redacted]
City, town or municipality [Redacted]	Province, territory or state [Redacted]	Country [Redacted]
Postal code [Redacted]		

Ultimate beneficiary's situation

Check all that apply and specify the percentage, if applicable.

- Holds, controls or benefits from a number of units allowing them to exercise 25% or more of the voting rights
 Percentage of voting rights
 25% to 50% More than 50% but not more than 75% More than 75%
- Holds or benefits from registrant shares and has agreed with other persons to jointly exercise 25% or more of the voting rights, or controls registrant shares in respect of which an entity has entered into such an agreement.
- Holds, controls or benefits from a number of units with a combined value of 25% or more of the fair market value of all the units issued by the registrant
 Percentage of fair market value
 25% to 50% More than 50% but not more than 75% More than 75%
- Has a direct or indirect influence that, if exercised, would result in de facto control of the registrant
- Fits the definition of "ultimate beneficiary" but is not in any of the above situations

If the space provided is insufficient, photocopy the appendix, use it to provide your information and attach it to the form.

Complete Appendix 3 if you do not have enough space in section 5.3.

5.3 Identification of establishments in Québec (continued)

The name indicated for an establishment must correspond to a name found in the register (name of the trust or other name used in Québec), to the new name of the enterprise entered in section 1.1., or to another new name used in Québec entered in section 1.2.

Principal establishment Other establishment Addition Change Removal

Name

Apartment or suite Street number Street name

City, town or municipality Province Québec Country Canada Postal code

Main activities of this establishment Addition or change Removal

EAC 1st activity Specify, in French (optional)

Addition or change Removal

EAC 2nd activity (if applicable) Specify, in French (optional)

Specific activities to be declared: Change

Tobacco retail sales outlet EAC 6 0 4 1 Sale of artificial tanning services EAC 9 7 1 5

Principal establishment Other establishment Addition Change Removal

Name

Apartment or suite Street number Street name

City, town or municipality Province Québec Country Canada Postal code

Main activities of this establishment Addition or change Removal

EAC 1st activity Specify, in French (optional)

Addition or change Removal

EAC 2nd activity (if applicable) Specify, in French (optional)

Specific activities to be declared: Change

Tobacco retail sales outlet EAC 6 0 4 1 Sale of artificial tanning services EAC 9 7 1 5

If the space provided is insufficient, photocopy the appendix, use it to provide your information and attach it to the form.

Appendix 4

Complete Appendix 4 if you do not have enough space in section 6.1.

6.1 Trustee (continued)

Addition or change Removal

Mandate of administrator of the property of others

Start date of mandate: [Redacted]
Y Y Y Y M M D D

End date of mandate: [Redacted]
Y Y Y Y M M D D

Last name [Redacted]

First name [Redacted]

OR

Name of enterprise [Redacted]

Apartment or suite [Redacted] Street number [Redacted] Street name [Redacted]

City, town or municipality [Redacted] Province, territory or state [Redacted] Country [Redacted] Postal code [Redacted]

Addition or change Removal

Mandate of administrator of the property of others

Start date of mandate: [Redacted]
Y Y Y Y M M D D

End date of mandate: [Redacted]
Y Y Y Y M M D D

Last name [Redacted]

First name [Redacted]

OR

Name of enterprise [Redacted]

Apartment or suite [Redacted] Street number [Redacted] Street name [Redacted]

City, town or municipality [Redacted] Province, territory or state [Redacted] Country [Redacted] Postal code [Redacted]

Addition or change Removal

Mandate of administrator of the property of others

Start date of mandate: [Redacted]
Y Y Y Y M M D D

End date of mandate: [Redacted]
Y Y Y Y M M D D

Last name [Redacted]

First name [Redacted]

OR

Name of enterprise [Redacted]

Apartment or suite [Redacted] Street number [Redacted] Street name [Redacted]

City, town or municipality [Redacted] Province, territory or state [Redacted] Country [Redacted] Postal code [Redacted]

If the space provided is insufficient, photocopy the appendix, use it to provide your information and attach it to the form.

Complete Appendix 5 to provide context for the information given in Part 1 and Appendix 1.

1 Identification

Enter the name or other name used in Québec.

Context

Explain the nature and origin of the name.

Description of activities

Briefly describe the enterprise's activities.

Enter the name or other name used in Québec.

Context

Explain the nature and origin of the name.

Description of activities

Briefly describe the enterprise's activities.

Enter the name or other name used in Québec.

Context

Explain the nature and origin of the name.

Description of activities

Briefly describe the enterprise's activities.

If the space provided is insufficient, photocopy the appendix, use it to provide your information and attach it to the form.