

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000007795

**Entity Name:** 1263343 ALBERTA INC.

**Current Principal Place of Business:**

3215 - 12 STREET NE  
CALGARY, AB T2E-7S9

**Current Mailing Address:**

BOX 860, 235, 3545-32 AVENUE NE  
CALGARY, AB T1Y-6M6 CA

**FEI Number:** 98-1116286

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FRANKE, WILLIAM A.  
Address 3215 - 12 STREET NE  
City-State-Zip: CALGARY T2E 7S9

Title DIRECTOR  
Name BOUCHER, ANNE-MARIE  
Address 3215 - 12 STREET NE  
City-State-Zip: CALGARY T2E 7S9

Title DIRECTOR  
Name MARTEL, FREDERIC  
Address 3215 - 12 STREET NE  
City-State-Zip: CALGARY T2E 7S9

Title DIRECTOR  
Name MELCHIN, GREG  
Address 3215 - 12 STREET NE  
City-State-Zip: CALGARY AB T2E 7S9

Title DIRECTOR  
Name BRODERICK, ANDREW  
Address 3215 - 12 STREET NE  
City-State-Zip: CALGARY AB T2E 7S9

Title DIRECTOR  
Name FRANKE, BRIAN  
Address 3215 - 12 STREET NE  
City-State-Zip: CALGARY AB T2E 7S9

Title DIRECTOR  
Name MORGAN, THOMAS W.  
Address 3215 - 12 STREET NE  
City-State-Zip: CALGARY AB T2E 7S9

Title CHIEF COMMERCIAL OFFICER  
Name BATHIJA, VIJAY  
Address 3215 - 12 STREET NE  
City-State-Zip: CALGARY AB T2E 7S9

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES SULLIVAN

**OFFICER**

**09/12/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title COO  
Name SULLIVAN, JAMES  
Address 3215 - 12 STREET NE  
City-State-Zip: CALGARY AB T2E 7S9