

BC Company

DIRECTOR CHANGE

Business Corporations Act, section 127

Telephone: 1 877 526-1526	Mailing Address:	PO Box 9431 Stn Prov Govt	Courier Address:	200 – 940 Blanshard Street
www.bcreg.ca		Victoria BC V8W 9V3		Victoria BC V8W 3E6

DO NOT MAIL THIS FORM to BC Registry Services unless you are instructed to do so by registry staff. The Regulation under the Business Corporations Act requires the electronic version of this form to be filed on the Internet at www.corporateonline.gov.bc.ca

Filing Fee for paper filing: \$20.00

If you are instructed by registry staff to mail this form to the Corporate Registry, submit this form with a cheque or money order made payable to the Minister of

Freedom of Information and Protection of Privacy Act (FOIPPA): Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Business Corporations Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3

INCORPORATION NUMBER OF	COMPANY		
C0989538	5 5 / u v ·		
NAME OF COMPANY			
CanZinco Mines Ltd.			
DATE OF CHANGE DIRECTORS			
YYYY/MM/DD			
2020/03/31			
FULL NAMES OF NEW DIRECTO			
FIRST NAME	MIDDLE NAME	LAST NAME I	
Maciej		Sciazko	
FULL NAMES OF PERSONS WH	O HAVE CEASED TO BE DIRECTORS		
FIRST NAME	MIDDLE NAME	LASTNAME	
Johan		Skoglund	
DIRECTOR NAME(S) AND ADDRESS(F)	S) – Enter the full name delivery address	I and mailing address (if different) of ALL of the company's dir	ectors as at
		the delivery address and, if different, the mailing address for	
		4 p.m. on business days or (b) the delivery address and, if di	
Community Contribution Company r	-	a post office box.Attach an additional sheet if more space is	required. A
FIRST NAME	MIDDLE NAME	LAST NAME	

DELIVERY ADDRESS Tessinerplatz 7	CITY Zurich	PROV/STATE	COUNTRY Switzerland	POSTAL CODE/ZIP CODE CH - 8002
MAILING ADDRESS Tessinerplatz 7	CITY Zurich	PROV/STATE	COUNTRY Switzerland	POSTAL CODE/ZIP CODE CH - 8002

CERTIFICATION - I certify that I have relevant knowledge of the company, and that I am authorized to make this filing.

NAME	SIGNATURE	DATE SIGNED (YYYY MM DD)
Cintia Zanellato	X Saullot	2020 03 31