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Form 484

Corporations Act 2001

Change to company details

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- A1 Change of address
- A2 Change of name officeholders or members
- A3 Change ultimate holding company
- B1 Cease company officeholder
- B2 Appoint company officeholder
- B3 Special purpose company
- C1 Cancellation of shares
- C2 Issue of shares
- C3 Change to share structure
- C4 Changes to the register of members

Company details	Company name LABTECH SYSTEMS LTD				
Refer to guide for information about corporate key	ACN/ABN Corporate key 107 670 673 10606617				
Lodgement details	Who should ASIC contact if there is a query about this form?				
	Name PAUL MANSFIELD				
	ASIC registered agent number (if applicable) 7104				
	Telephone number 08 8231 5877				
	Postal address GPO BOX 1385				
	ADELAIDE SA 5001				
	Total number of pages including this cover sheet Please provide an estimate of the time taken to complete this form In the same of the time taken to complete this form In the same of the time taken to complete this form In the same of the time taken to complete this form In the same of the time taken to complete this form In the same of the time taken to complete this form In the same of the time taken to complete this form In the same of the time taken to complete this form In the same of the time taken to complete this form In the same of the time taken to complete this form In the same of the time taken to complete this form In the same of the time taken to complete this form In the same of the time taken to complete this form In the same of the time taken to complete this form In the same of the same of the time taken to complete this form In the same of the same of the time taken to complete this form In the same of the same of the time taken to complete this form In the same of the time taken to complete this form In the same of the				
	officeholder of the company. I certify that the information in this cover sheet and the attached sections of this form are true and complete. Name				
Signature This form must be signed by a current o	I certify that the information in this cover sheet and the attached sections of this form are true and complete.				
	I certify that the information in this cover sheet and the attached sections of this form are true and complete. Name				

Lodgement

Send completed and signed forms to: Australian Securities and Investments Commission, PO Box 4000, Gippsland Mail Centre VIC 3841.

Or lodge the form electronically by visiting the ASIC website www.asic.gov.au

For help or more information

Telephone 03 5177 3988

Email info.enquiries@asic.gov.au Web www.asic.gov.au

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B1 Cease company of	fficeholder	
Use this section to notify if a compan officeholder.	y officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased	
Role of ceased officeholder Select one or more boxes	Director Secretary Alternate director Person alternate for	
Date officeholder ceased	Date of change 1 0 / 1 0 / 5 [D D] [M M] [Y Y]	
Name	The name of the ceased officeholder is Family name	
B1 Continued Cease	another company officeholder	_
Use this section to notify if a compan officeholder.	officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased	
Role of ceased officeholder Select one or more boxes	Director Secretary Alternate director ————————————————————————————————————	
Date officeholder ceased	Date of change [D D] [M M] [Y Y]	
Name	The name of the ceased officeholder is Family name Given names Date of birth D D D M M Y Y Place of birth (town/city) (state/country)	

B2 Appoint company of Use this section to notify appointment of a com	fficeholder speny officeholder. You need to notify details separately for each new officeholder.
Role of appointed officeholder Select one or more boxes	Director Secretary Alternate director
Date of appointment	Date of appointment 1 0 / 1 0 / 5 [D D] [M M] [Y Y]
Name	The name of the appointed officeholder is (provide full given names, not initials) Family name Given names PAUL JAMES Date of birth O 3 / O 5 / 4 9 [D D] [M M] [Y Y] Place of birth (town/city) (state/country) ADELAIDE SOUTH AUSTRLALIA, AUSTRALIA
Former name Eg change by deed poll or marriage	Their previous name was (provide full given names, not initials) Family name Given names
Residential address	The residential address of the appointed officeholder is Street number and Street name 1 MONARTO COURT Suburb/City State/Territory STONYFELL SA Postcode Country (if not Australia) 5066
If an 'Alternate director', for whom Note: Where an Alternate director is appointed, please attach the terms of appointment to this change form. (Refer to the guide for annexure requirements)	The appointed 'Alternate director' is alternate for (person alternate for) Family name Given names Expiry date (if applicable) [D D] M M] [Y Y] Alternate director terms of appointment attached

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