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ASIC

Australian Securities & Investments Commission

ASIC Information Processing Centre 14 – 22 Grey Street, Transigen PO Box 4000 Gippsland Mail Centre VIC 3841

Customer Enquiries: (03) 5177 3988 Facsimile: (03) 5177 3999 ASIC Homepage: www.asic.gov.au

For help or more information

03 5177 3988

info.enquiries@asic.gov.au

www.asic.gov.au/easylodge

Telephone

Email

Web

STEPHEN JOHN ERICHSEN 30 HILLCREST AVENUE MONA VALE NSW 2103

Dear Officeholder,

Confirmation Advice

FOR

COSMEDICS AUSTRALIA LIMITED

ACN

002 862 017

ASIC has a policy of notifying companies when key changes are lodged.

Key changes have recently been lodged for your company.

The changes notified are:

Document

Form

Date Lodged

Change

022719046

484E

25/01/2006

APPOINTMENT OR CESSATION OF A COMPANY OFFICEHOLDER

Appointed: ERICHSEN, STEPHEN JOHN (Secretary) Ceased: HAWLEY, DAVID PETER (Secretary)

Yours faithfully,

Daniel Rake

Manager, Client Services
Public Information Program

Form 484

Corporations Act 2001

Change to company details

	Sections A, B or C may	v be lodged inde	pendently with t	this signed cover pa	age to notify ASIC of:
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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
- 83 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	Сотрапу пате				
	COSMEDICS AUSTRALIC	COSMEDICS AUSTRALIA LIMITETS.			
Refer to guide for information about	ACN/ABN	Corporate key			
corporate key	38002862017	68876660			
······································					
<u></u>	Who should ASIC contact if there is a query about this fo	?			
Lodgement details	Name	7001			
	DR. BROWNE DOUGHES				
	ASIC registered agent number (if applicable)				
	Acto registered agent number (ii applicable)				
	Telephone number				
	02 9808-2444				
	Postal address				
	SUME ! FRET FLECK.				
	219 BLAXLANT RT RY	•			
	Total number of pages including this cover sheet Please provide an estimate of the time taken to complete this form				
	hrs mins				
		hrs mans			
Signature		hrs mins			
Signature This form must be signed by a current of	Value of the state	hrs mins			
	officeholder of the company.				
	officeholder of the company. I certify that the information in this cover sheet and the attach				
Signature This form must be signed by a current of	officeholder of the company. I certify that the information in this cover sheet and the attach Name	ned sections of this form are true and complete.			
	Infliceholder of the company. I certify that the information in this cover sheet and the attach Name DR - BROWNE TOOLS	ned sections of this form are true and complete.			
	I certify that the information in this cover sheet and the attach Name DQ - BROWNE TOOK - Capacity	ned sections of this form are true and complete.			
	Ifficeholder of the company. I certify that the information in this cover sheet and the attach Name DQ . BROWNE TOOK Consider the company of the cover sheet and the attach Name DR . BROWNE TO COVER	ned sections of this form are true and complete.			
	I certify that the information in this cover sheet and the attach Name DQ - BROWNE TOOK - Capacity	ned sections of this form are true and complete.			
	Ifficeholder of the company. I certify that the information in this cover sheet and the attach Name DQ . BROWNE TOOK Consider the company of the cover sheet and the attach Name DR . BROWNE TO COVER	ned sections of this form are true and complete.			
	I certify that the information in this cover sheet and the attach Name Capacity Director Company secretary	ned sections of this form are true and complete.			
	Infliceholder of the company. I certify that the information in this cover sheet and the attach Name Capacity Director Company secretary Signature	ned sections of this form are true and complete.			
	Infliceholder of the company. I certify that the information in this cover sheet and the attach Name DQ	ned sections of this form are true and complete.			
	I certify that the information in this cover sheet and the attach Name Capacity Director Company secretary Signature Date signed	ned sections of this form are true and complete.			
	I certify that the information in this cover sheet and the attach Name Capacity Director Company secretary Signature Date signed	ned sections of this form are true and complete.			
This form must be signed by a current o	I certify that the information in this cover sheet and the attach Name DQ	ned sections of this form are true and complete.			
This form must be signed by a current o	I certify that the information in this cover sheet and the attach Name Capacity Director Company secretary Signature Date signed	ned sections of this form are true and complete.			
This form must be signed by a current o	I certify that the information in this cover sheet and the attach Name Capacity Circutor Company secretary Signature Date signed D D M M Y Y Send completed and signed forms to:	ned sections of this form are true and complete.			
	I certify that the information in this cover sheet and the attach Name Capacity Cipcor Company secretary Signature Date signed Dimetric Minimum	For help or more information Telephone 03 5177 3988			

ASIC Form 484 26 February 2004 Cover page

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Australian Securities & Investments Commission

Change to company details

Form 484 — Corporations Act 2001

Section B

Section B may be lodged independently if no changes are to be notified via Sections A or C.

Use this form to notify ASIC of:

B1 Appoint company officeholder

B2 Cease company officeholder

B3 Change to special purpose company status

Related Forms

484 A - change of address, name (officeholders or members), details (ultimate holding company) 484 C - Issue/cancel shares, change share structure and members' register

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

Company details

Company name

COSMEDICE AUSTYRAJUVZ LIMITED

AON/ ABN

3800286201

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25 JAN 2006

ASIC Form 484 Section B 1 July 2003

Page 1 of 6

B1 Appoint company off	iceholder	
Use this section to notify appointment	(2 company of a shallow Very a large of a shallow Very a shallow Very a large of a shallow Very	
to notify appointment (of a company officeholder. You need to notify details sep	parately for each new officeholder.
Role of appointed officeholder (Selectione or more boxes)	Director Secretary Alternate director	
Date of appointment	Date [D D] [M M] [Y Y]	
Name	The name of the appointed officeholder is (Provide Family name ERICHSEN Place of birth (town/clty) PARKES Date of Birth D D M M Y Y	State/country)
Former name (eg change by deed poll, marriage.)	Their previous name was (Provide full given names, not family name	l initials) Siven names
Residential address	The residential address of the appointed officeholder is Street number and Street name 30 HILLCREST ANE Suburb/City MONA VALE Postcode Country (if not Australia)	State/Territory NSW
f an 'Alternate director', for whom lote: Where an Alternate director is appointed, please attach the terms of ppointment to this change form. (Refer to be guide for annexure requirements)	The appointed 'Alternate director' is alternate for (p Family name G Expiry date (If applicable) [D D] [M M] [Y Y] Has the role been extended? (Select one box) Yes No	erson alternate for) iven names

ASIC Form 484 Section B 1 July 2003

Page 2 of 6

B2-Cease company office	ceholder
Use this section to notify if a company ceased officeholder.	officeholder has ceased to be a company officeholder. You need to notify details separately for each
Role of ceased officeholder (Select one or more boxes)	Oirector Secretary Alternate director Person alternate for
Date officeholder ceased	Oate ID D) [M M] (V Y)
Name	The name of the ceased officeholder is Family name Given names Place of birth (town/city) Date of Birth Date of Birth
B2 Continued Cease a	nother company officeholder
Role of ceased officeholder (Select one or more boxes)	Director Secretary Alternate director Person alternate for
Date officeholder ceased	Date [D D] [M M] [Y Y]
Name	The name of the ceased officeholder is Family name Given names Place of birth (town/city) Date of Birth D D M Mt TY Y

ASIC Form 484 Section B 1 July 2003

Page 4 of 6