Australian	Securities &
Investment	ts Commission

3

Form 484

Corporations Act 2001

Change to company details

Sections A, B or C may be lodged independently with this signed cover page to notify ASIC of:

- A1 Change of address
- A2 Change of name officeholders and proprietary company 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 for proprietary companies

Company details	Company name			
, accume	WINPAR HOLDINGS LIMITED			
Refer to guide for information about	ACN/ABN Corporate key			
corporate key	063 035 523			
	The state of the s			
Lodgement details	Who should ASIC contact if there is a query about this form?			
	Firm/organisation			
	GORDON ELKINGTON			
	Contact name/position description			
	ASIC registered agent number (if applicable)			
	Telephone number			
	(02) 9232 7700			
	Postal address or DX address			
	ARE CONTROL OF THE CO			
	Total number of pages including this cover sheet			
	The state of the s			
	The state of the Control of the Cont			
Cit				
Signature This form must be signed by a current of	flicabolder of the company			
This form must be signed by a content of	incendide of the company.			
	" YAYSOO AA TIINOOLAHARAA WAA YAYAA AA A			
	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			
	I certify that the information in this cover sheet and the attached sections of this form are true and complete. Name GORDON ELKINGTON			
	I certify that the information in this cover sheet and the attached sections of this form are true and complete. Name GORDON ELKINGTON Capacity			
	Certify that the information in this cover sheet and the attached sections of this form are true and complete. Name			
	I certify that the information in this cover sheet and the attached sections of this form are true and complete. Name GORDON ELKINGTON Capacity			
	Certify that the information in this cover sheet and the attached sections of this form are true and complete. Name			
	Certify that the information in this cover sheet and the attached sections of this form are true and complete. Name			
	Certify that the information in this cover sheet and the attached sections of this form are true and complete. Name			
	Certify that the information in this cover sheet and the attached sections of this form are true and complete. Name			
	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

B1 Cease company o	fficeholder	7
Use this section to notify if a compofficeholder.	pany officeholder has ceased to be a company o	fficeholder. You need to notify details separately for each ceased
Role of ceased officeholder Select one or more boxes	X Director	
	Secretary	
	Alternate director — Person aftern	eate for
	Alternate director — Forson ditorn	40010
	Data of shange	
Date officeholder ceased	Date of change 3 1,0 8,0 7 [D D] [M M] [Y Y]	
Name	The name of the ceased officeholder is	
	Family name	Given names ROBERT FRANKLIN
	CAMERON Date of birth	ROBERT
	0 1,05,50	
	Place of birth (town/city)	(state/country) NEW SOUTH WALES
	SYDNEY	NEW SOUTH WALES
D4.0 (' D.0	tl	A.W.
	another company officehold	
Use this section to notify if a com officeholder.	pany officeholder has ceased to be a company o	officeholder. You need to notify details separately for each ceased •
Role of ceased officeholder	Director	
Select one or more boxes	Secretary	
	Alternate director — Person altern	nate for
	Alcondia director	
	Date of change	
Date officeholder ceased	[D D] [M M] [Y Y]	
Name	The name of the ceased officeholder is	
	Family name	Given names
	Date of birth	
	Place of birth (town/city)	(state/country)