Australian	Securities &
Investment	ts Commission



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 name		
Company details	WINDAR HOLDINGS LIMITED		
Refer to guide for information about	ACN/ABN Corporate key		
corporate key	003 035 523		
_odgement details	Who should ASIC contact if there is a query about this form?		
	Firm/organisation		
	Contest name/assition description		
	Contact name/position description		
	A OLO sistered exect number (if emplicable)		
	ASIC registered agent number (if applicable)		
	Telephone number		
	Telephone number		
	Postal address or DX address		
	1 Ostal dadicos of DA dadicos		
	Total number of pages including this cover sheet		
	Total number of pages including this cover shoot		
 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 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.		
,	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  CORDON ELKINGTON		
,	I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  Capacity		
,	I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  CORDON E LKINGTON  Capacity  Director		
	I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  Capacity  Director  Company secretary		
	I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  Capacity  Director  Company secretary  Signature  Date signed  1 3 0 6 0 8		
	I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  Capacity  Director  Company secretary  Signature  Date signed		
	I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  CORDON ELKINGTON  Capacity  Director  Company secretary  Signature  Date signed  Director  Date signed  Director  Director  Date signed  Director  Director  Date signed  Director  Director  Date signed  Director  Date signed  Director  Director  Director		
	I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  Capacity  Director  Company secretary  Signature  Date signed  Date signed  Date signed  Send completed and signed forms to:  For help or more information		
Lodgement	I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  CORDON ELKINGTON  Capacity  Director  Company secretary  Signature  Date signed  Director  Date signed  Director  Director  Date signed  Director  Director  Date signed  Director  Director  Date signed  Director  Date signed  Director  Director  Director		

ASIC Form 484

www.asic.gov.au

6 September 2007

Cover page

## A1 Change of address

This section allows a new address to be applied to one or more purposes (ie registered office, principal place of business, company officeholder and/or proprietary company member.) You must copy and attach another Section A1 for each new address.

company member.	according to the control of the cont		
New address	At the office of, C/- (if applicable)		
A PO Box is only allowed for a member address	Office, unit, level, or PO Box number (A PO Box is only allowed for a member address)		
	170		
	Street number and Street name		
	421 PACIFIC HIGHWAY		
	Suburb/City State/Territory  ARTARMON  Postcode Country (if not Australia)  2064		
Date of change For members' address changes, use the date of change to the members' register	Date of change  \[ \lambda \frac{1}{2} \sqrt{0} \infty \sqrt{0}  \text{8} \\ [D \ D] \ [M \ M] \ [Y \ Y] \end{array}		
Apply address to You can apply the new address to one or more of the following — registered office, principal place of business, etc.	Registered office address  If the registered office has changed, does the company occupy the premises?  yes  no if no, name of occupier?		
Registered office address A change to the registered office address takes effect either 7 days			
after lodgement of the notice or a later date specified in the notice.	Occupier's consent (Select box to indicate the statement below is correct)  The occupier of the premises has consented in writing to the use of the specified address as the address of the registered office of the company and has not withdrawn that consent.		
	Principal place of business address		
	Company officeholder's residential addres	SS	
	Family name	Given names	
	1 ROFE	ALFRED EDWARD FULTON	
	Date of birth  Date of birth  Market		
	Place of birth (town/city)	(state/country)	
	KILLARA	NSW	
	Family name	Given names	
	Date of birth  [D D] [M M] [Y Y]		
	Place of birth (town/city)	(state/country)	
Proprietary company member's	Proprietary company member's address		
address If there are more than 20 members	Family name	Given names	
in a share class, only address changes for the top 20 need be notified.	1	Given names	
	Family name	Given names	
	When a proprietary company member is	a company, not an individual	
	Company name (only if a member)		
	ACN/ ARBN/ ABN	Country of incorporation (if not Australia)	