OFFICE USE ONLY: 1F

**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 or proprietary company members
- A3 Change ultimate holding company

All mandatory fields will be identified with an \*.

- 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 * Property Fox No.1 Limited  |  |  |  |  |
|--|---|--|--|--|--|
| Company details  Refer to guide for information about corporate key  |   |  |  |  |  |
|  | ACN/ABN*  | ACN/ABN * Corporate key *                              |  |  |  |
|  | 101 816 353   | 20409483   |  |  |  |
| Lodgement details  | Who should ASIC contact if there is a query about this form?  |  |  |  |  |
|  | Firm/organisation   |  |  |  |  |
|  | Whittens Lawyers and Consulatants   |  |  |  |  |
|  | Contact name/position description   |  |  |  |  |
|  | ANDREW WHITTEN  |  |  |  |  |
|  | ASIC registered agent number (if applicable)  |  |  |  |  |
|  | Telephone number  |  |  |  |  |
|  | 02 9264 2216  |  |  |  |  |
|  | Postal or DX address  |  |  |  |  |
|  | DX 11535 Sydney Downtown  |  |  |  |  |
|  | DA 11333 Sydney Downtown  |  |  |  |  |
|  |   |  |  |  |  |
|  | Total number of pages including this cover sheet  |  |  |  |  |
|  |   |  |  |  |  |
| Signatura  |   |  |  |  |  |
|  | I certify that the information in this cover sheet and the  | e attached sections of this form are true and complete |  |  |  |
| Signature This form must be signed by a current o  | I certify that the information in this cover sheet and th   | e attached sections of this form are true and complete |  |  |  |
|  | I certify that the information in this cover sheet and the  | e attached 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 Name.*  Andrew John Whitten  | e attached 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 Name *  Andrew John Whitten  Capacity *  | e attached 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 Name *  Andrew John Whitten  Capacity *  Director.  Company secretary  | e attached sections of this form are true and complete |  |  |  |
| This form must be signed by a current o  This form must be  SIGNED and   | I certify that the information in this cover sheet and the Name *  Andrew John Whitten  Capacity *  Director.   | e attached sections of this form are true and complete |  |  |  |
| This form must be signed by a current of  This form must be  SIGNED and  DATED by a current  | I certify that the information in this cover sheet and the Name *  Andrew John Whitten  Capacity *  Director  Company secretary  Signature  | e attached sections of this form are true and complete |  |  |  |
| This form must be signed by a current of the sig | I certify that the information in this cover sheet and the Name *  Andrew John Whitten  Capacity *  Director  Company secretary  Signature  Date signed   |  |  |  |  |
| This form must be signed by a current of  This form must be  SIGNED and  DATED by a current  | I certify that the information in this cover sheet and the Name *  Andrew John Whitten  Capacity *  Director  Company secretary  Signature  Date signed   | e attached sections of this form are true and complete |  |  |  |
| This form must be signed by a current of  This form must be  SIGNED and  DATED by a current officeholder after it is   | I certify that the information in this cover sheet and the Name *  Andrew John Whitten  Capacity *  Director  Company secretary  Signature  Date signed   |  |  |  |  |
| This form must be signed by a current of the signed by a current of the signed by a current officeholder after it is PRINTED   | I certify that the information in this cover sheet and the Name *  Andrew John Whitten  Capacity *  Director  Company secretary  Signature  Date signed   |  |  |  |  |
| This form must be signed by a current of  This form must be  SIGNED and  DATED by a current officeholder after it is   | I certify that the information in this cover sheet and the Name *  Andrew John Whitten  Capacity *  Director  Company secretary  Signature  Date signed  {current date/time} 2.2/ 2.3666666666666666666666666666666666666 |  |  |  |  |

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

## Change Notification Page

| Please notify the changes you wish to make by selecting at generate the appropriate section(s) which will appear after to | least one of the tick boxes available below. Your tickbox selections will this page.   |
|---|--|
| A1  | oy members  Click on the button below if you need assistance in making your selection.  Form 484 Guide  Once you have made all your selections, scroll down to complete the required sections. |
| To notify ASIC of changes to the shares and/or members Please wait until the table displays showing the appr              | register, select the appropriate tickbox below.  opriate sections that you should complete.  |
| C Issue of shares   |  |
| C Cancellation of shares  |  |
| C Transfer of shares  |  |
| C Changes to amounts paid   |  |
| C Changes to beneficial ownership   |  |

## 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.

| New address A PO Box is only allowed for a member address   | At the office of, C/-   | /- (if applicable)                  |                        |  |
|---|---|-------------------------------------|------------------------|--|
|   | Office, unit, level, or PO Box number (A PO Box is only allowed for a member address) |                                     |                        |  |
|   | Level 21, Freeman Fox House Street number and Street name                             |                                     |                        |  |
|   | 333 Ann Stree<br>Suburb/City*   | eet                                 | State/Territory        |  |
|   | Brisbane  |                                     | Queensland             |  |
|   | Postcode<br>4000  | Country (if not Australia           | )                      |  |
| Date of change  For members' address changes, use the date of change to the members' register  Apply address to  You can apply the new address to one or more of the following - registered office, principal place of business, etc. | Date of change *  |                                     |                        |  |
|   | 29/09/2008  |                                     | dd/mm/yyyy)            |  |
|   | ✓ Registered  | office address                      |                        |  |
|   | If the registered of<br>✓ yes   | iffice has changed, does the compar | y occupy the premises? |  |
|   | □ no<br>☑ Principal pl  | lace of business address            |                        |  |
|   | Company o   | officeholder's residential addre    | <b>95</b> 5            |  |
|   | ☐ Proprietary   | y company member's address          |                        |  |