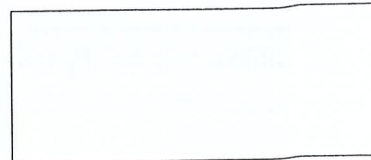




ASIC

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

AUSTRALIAN UNITED RETAILERS PTY LIMITED

ACN/ABN

077 879 782

CORPORATE KEY  
0736 8006

Continues on next page...

## B2 Cease company officeholder

Use this section to notify if a company officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased 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

EHRENFELD

Given names

JEFFREY

Place of birth (town/city)

MELBOURNE

(state/country)

Date of Birth

/   /    
[D] [D] [M] [M] [Y] [Y]

## B2 Continued... Cease another 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)

(state/country)

Date of Birth

/   /    
[D] [D] [M] [M] [Y] [Y]

## Signature

This form must be signed by a current officeholder of the company.

A resigning officeholder's signature is not acceptable.

I certify that the information in this form is true and complete

Name

KEN SLEEP

Capacity

☐

Director

☒

Company secretary

Signature

*Ken Sleep*

Date signed

27 / 07 / 09  
[D] [D] [M] [M] [Y] [Y]

## Lodging party details

Please notify the registered agent details (if applicable) and to whom queries about this form should be directed.

### Registered Agent details

If this form is being lodged by an ASIC registered agent, please complete agent name and number

ASIC registered agent name

ASIC registered agent number

### Queries about this form

You can nominate an officeholder, lodging party or ASIC registered agent

If there is a query regarding this form, ASIC should contact (Choose one of the following)

☒

Signatory above

☐

ASIC registered agent above

☐

Name of lodging party

AUSTRALIAN UNITED RETAILERS LIMITED

Office, unit, level, or PO Box number

Level 1

Street number and Street name

1601 MALVERN ROAD

Suburb/City

GLEN IRIS

State/Territory

Vic

Postcode

3146

Country (if not Australia)

DX Number

DX City/suburb

Telephone Number

0408 354 284



### Mail

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

### For help or more information

Telephone 03 5177 3988  
Email [info.enquiries@asic.gov.au](mailto:info.enquiries@asic.gov.au)  
Web [www.asic.gov.au/easylodge](http://www.asic.gov.au/easylodge)

