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

If there is insufficient space in any se	ction of the form, you may photocopy the relevant page(s) and submit as part of this lodgement				
Company details	Company name *				
. ,	AUSTRALIAN ROPERTY SYSTEMS LIMITED				
Refer to guide for information about corporate key	ACN/ABN * Corporate key *				
	096 925 610				
Lodgement details	Who should ASIC contact if there is a query about this form?				
Lougement details	Firm/organisation				
	AUSTRALIAN PROPERTY SYSTEMS LIMITED				
	Contact name/position description				
	BRIAN WILKIE				
	ASIC registered agent number (if applicable)				
	Telephone number				
	07 3262 4500				
	Postal or DX address				
	Total number of pages including this cover sheet				
	5				
Signature					
This form must be signed by a current of	ficeholder of the company.				
	I certify that the information in this cover sheet and the attached sections of this form are true and complet Name *				
	BRIAN WILKIE Capacity *				
This form must be	Director				
	Company secretary				
SIGNED and					
DATED by a ourroat	Signature				
DATED by a current	->				
officeholder after it is	Date signed				
PRINTED	(dd/mm/yyyy)				
Lodgement	Send completed and signed forms to: For help or more information				
	Australian Securities and Investments Commission, Telephone 1300 300 630				
	PO Box 4000, Gippsland Mail Centre VIC 3841. Email <u>Click here to send ASIC an email.</u>				
	Web www.asic.gov.au				

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 I generate the appropriate section(s) which will appear after the	east one of the tick boxes available below. Your tickbox selections will nis page.
A1 Change of address A2 Change a name for officeholder or proprietary company A3 Change of ultimate holding company details B1 Cease an officeholder B2 Appoint an officeholder B3 Change to special purpose company status	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 r Please wait until the table displays showing the appro C	
C Changes to amounts paid C Changes to beneficial ownership	

Role of ceased officeholder Select one or more boxes	✓ Director✓ Secretary✓ Alternate director			
ate officeholder ceased	Date of change * 30/10/2009	(dd/mm/yyyy)		
Name	The name of the ceased of		Given names *	
	JAMIESON		GEOFFREY	
	Date of birth *			
	Date of birth	(dd/mm/yyyy)		
	Place of birth (town/city)	(33////////////////////////////////////	(state/country)	
	race of bilat (townreity)		WESTERN AUSTRALIA	
se this section to notify if a company	officeholder has ceased to be a comp	any officeholder.	ou need to notify details separately for each ce	ased
se this section to notify if a company fficeholder. A company does not have obtification by officeholder of resignati	officeholder has ceased to be a comp e to notify ASIC that an officeholder ha on or retirement.	any officeholder. \ s ceased if the offi	ou need to notify details separately for each ce ceholder has already notified ASIC by lodging a	ased Form 370
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se this section to notify if a company fficeholder. A company does not have lotification by officeholder of resignati cole of ceased officeholder select one or more boxes	officeholder has ceased to be a complete to notify ASIC that an officeholder has on or retirement. Director Secretary Alternate director Date of change * 20/11/2009 The name of the ceased of Family name * CAMPBELL Date of birth * 04/07/1972	s ceased if the offi	Given names * LOGAN MORGAN	ased Form 370
B1 Cease company of See this section to notify if a company officeholder. A company does not have detification by officeholder of resignation of ceased officeholder select one or more boxes. Date officeholder ceased	officeholder has ceased to be a completo notify ASIC that an officeholder has on or retirement. Director Secretary Alternate director Date of change * 20/11/2009 The name of the ceased of Family name * CAMPBELL Date of birth *	s ceased if the offi (dd/mm/yyyy) ficeholder is	ceholder has already notified ASIC by lodging a	ased Form 370

B1 Cease company officeholder

B2 Appoint company of	fficeholder			
Use this section to notify appointment of a	a company officeholder. You need to notify details separately for each new officeholder.			
Role of appointed officeholder Select one or more boxes	☐ Director ✓ Secretary ☐ Alternate director			
Date of appointment	Date of appointment * 20/11/2009 (dd/mm/yyyy)			
Name	The name of the appointed officeholder is (provide full given names, not initials) Family name * Given names *			
	Date of birth * [(dd/mm/yyyy) Place of birth (town/city) (state/country)			
Former name Eg change by deed poll or marriage	Their previous name was (provide full given names, not initials) Family name Given names			
Residential address	The residential address of the appointed officeholder is Street number and Street name *			
	Suburb/City * State/Territory			
	Postcode Country (if not Australia)			

B2 Appoint company of	fficeholder				
Use this section to notify appointment of a		eed to notify details se	eparately for eac	h new officeholder.	
			-		
Role of appointed officeholder Select one or more boxes	✓ Director				
Select one of more boxes	Secretary				
	Alternate director				
Date of appointment	Date of appointment *	- M- A1			
	27/11/2009	(dd/mm/yyyy))		
Name	The name of the appointed officeholder is (provide full given names, not initials)				
	Family name *		Given names *		
	GIBSON		NEIL		
	Date of birth *				
		(dd/mm/yyyy)		,	
	Place of birth (town/city))	(state/country	/)	
Former name	Their previous name v	was (provide full give	en names, not i	nitials)	
Eg change by deed poll or marriage	Family name		Given names		
Residential address	The residential addres	s of the appointed o	fficeholder is		
	Street number and Street name *				
	15 Whiting Street				
	Suburb/City *		State/Territory		
	ARTAMON			NEW SOUTH WALES	
	Postcode	Country (if not A	Australia)		
	2064				
B2 Appoint company of	ficeholder				
Use this section to notify appointment of a	company officeholder. You ne	ed to notify details se	parately for each	n new officeholder.	
Role of appointed officeholder Select one or more boxes	Director				
	Secretary				
	Alternate director				
	This make all ooks				
B2 Appoint company of	ficeholder				·
Use this section to notify appointment of a		ed to notify details se	parately for each	new officeholder.	
Role of annointed officeholder	Director			***	
Role of appointed officeholder Select one or more boxes	Secretary				
	Alternate director				