

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

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 name			
Company details	AUSTRALIAN UNITED RETAILERS LIMITED			
	ACN/ABN			
	077 879 782			
Refer to guide for information about corporate key	Corporate key			
	0736 8006			
	<u> </u>			
	Who should ASIC contact if there is a query about this form?			
Lodgement details	ASIC registered agent number (if applicable)			
An image of this form will be available				
as part of the public register.	Firm/organisation			
	AUSTRALIAN UNITED RETAILERS LIMITED			
	Contact name/position description	Telephone number (during business hours)		
	KEN SLEEP	(04) 08 354 284		
	Email address (optional)			
	kensleep@foodworks.com.au			
	Postal address			
	LEVEL1, 1601 MALVERN ROAD			
	Suburb/City	State/Territory Postcode		
	GLEN IRIS	VIC 3146		
Signature				
This form must be signed by a current office	ceholder of the company.			
, , , , ,		nd the attached sections of this form are true and complete.		
	Name			
	KEN SLEEP			
	Capacity			
	Director			
	X Company secretary			
	Company deciciary			
	Signature Date signed 2 5 / 1 1 / 1 0 [D D] [M M] [Y Y]			

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 1300 300 630

Email Web

info.enquirles@asic.gov.au www.asic.gov.au

B1 Cease company of	fficeholder			
Use this section to notify if a compa officeholder.	ny officeholder has ceased to be a company office	ceholder. You need to notify details separately for each ceased		
Role of ceased officeholder Select one or more boxes	X Director			
	Secretary	Secretary		
	Alternate director Person alt	Alternate director ————Person alternate for		
Date of Dark alders and				
Date officeholder ceased	Date of change 1 7 / 1 1 / 1 0 [D D] [M M] [Y Y]			
Name	The name of the ceased officeholder is			
	Family name	Given names		
	HOWELL	DONALD WILLIAM		
	Date of birth			
	1 5 / 0 7 / 3 5			
	[D D] [M M] [Y Y]			
	Place of birth (town/city)	(state/country)		
	PORTLAND	VIC		
				
	another company officeholder mpany officeholder has ceased to be a com	pany officeholder. You need to notify details separately		
Role of ceased officeholder Select one or more boxes	Director			
	Secretary			
	Alternate director ————Person alt	Alternate director ————Person alternate for		
Date officeholder ceased	Date of change			
	[D D] [M M] [Y Y]			
Name	The name of the ceased officeholder is			
	Family name	Given names		
	Date of birth [D D] [M M] [Y Y]			
	Place of birth (town/city)	(state/country)		

ASIC Form 484 1 July 2010 Section B Page 2 of 3

B2 Appoint company off	ceholder		
Use this section to notify appointment of a	company officeholder. You need to notify details separ	rately for each new officeholder.	
Role of appointed officeholder Select one or more boxes	X Director Secretary Alternate director		
Date of appointment	Date of appointment 1 7 / 1 1 / 1 0 [D D] [M M] [Y Y]		
Name	The name of the appointed officeholder is (provide full given names, not initials)		
	Family name	Given names	
	BURGE	ALLAN	
	Date of birth 0 6 / 1 2 / 4 0 [D D] [M M] [Y Y]		
	Place of birth (town/city)	(state/country)	
	SALISBURY	ENGLAND	
Former name Eg change by deed poll or marriage	Their previous name was (provide full given name Family name	nes, not initials) Given names	
Residential address	The residential address of the appointed officeholder is		
	Street number and Street name		
	21 SUTTON STREET	Olater	
	Suburb/City	State/Territory	
	CHELMER Country (if not Australia)	QLD	
	Postcode Country (if not Australia)		
	4068		
If an 'Alternate director', for whom	The appointed 'Alternate director' is alternate for	r (person alternate for)	
Note: Where an Alternate director is appointed, please attach the terms of appointment to this change form. (Refer to the guide for annexure requirements)	Family name	Given names	
	Expiry date (if applicable) [D D] [M M] [Y Y]		
	Alternate director terms of appointment attac	hed	

B2 Continued Appoint	another company officeholder		
Use this section to notify appointment of a	company officeholder. You need to notify details sep	arately for each new officeholder,	
Role of appointed officeholder Select one or more boxes	X Director		
	Secretary		
	Alternate director		
Date of appointment	Date of appointment 1 7 / 1 1 / 1 0 [D D] [M M] [Y Y]		
Name	The name of the appointed officeholder is (provide full given names, not initials)		
	Family name	Given names	
	WARD	MALCOLM GEOFFREY	
	Date of birth 1 7 / 0 5 / 6 1 [D D] [M M] [Y Y]		
	Place of birth (town/city)	(state/country)	
	SOUTH PERTH	VIC	
Former name Eg change by deed poll or marriage	Their previous name was (provide full given na Family name	mes, not Initials) Given names	
Residential address	ntial address The residential address of the appointed officeholder is		
	Street number and Street name		
	10 ROSCREA CLOSE		
	Suburb/City	State/Territory	
	WATERFORD	WA	
	Postcode Country (if not Australia)		
	6152		
If an 'Alternate director', for whom	The appointed 'Alternate director' is alternate for	or (person alternate for)	
Note: Where an Alternate director is appointed, please attach the terms of appointment to this change form. (Refer to the guide for annexure requirements)	Expiry date (if applicable) [D D] [M M] [Y Y]	Given names	
	Alternate director terms of appointment attached		

B2 Continued Appoint	another company officeholder		
Use this section to notify appointment of a	company officeholder. You need to notify details sepa	rately for each new officeholder.	
Role of appointed officeholder Select one or more boxes	X Director		
	Secretary		
	Alternate director		
Date of appointment	Date of appointment 1 7 / 1 1 / 1 0 [D D] [M M] [Y Y]		
Name	The name of the appointed officeholder is (provide full given names, not initials)		
	Family name	Given names	
	WILLIAMSON	DAVID WILLIAM GORDON	
	Date of birth 0 9 / 0 6 / 6 9 [D D] [M M] [Y Y]		
	Place of birth (town/city)	(state/country)	
	MELBOURNE	VIC	
Former name Eg change by deed poll or marriage	Their previous name was (provide full given name	Given names	
Residential address	The residential address of the appointed officeholder is		
	Street number and Street name		
	4 REEVE COURT		
	Suburb/City	State/Territory	
	GISBORNE	VIC	
	Postcode Country (if not Australia)		
	3437		
If an 'Alternate director', for whom Note: Where an Alternate director is appointed, please attach the terms of appointment to this change form. (Refer to the guide for annexure requirements)	The appointed 'Alternate director' is alternate for Family name Expiry date (if applicable)	r (person alternate for) Given names	
	[D D] [M M] [Y Y]		
	Alternate director terms of appointment attac	hed	