Australian Securities & Investments 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:

- Change of address
- 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
- Cancellation of shares
- C1 C2 Issue of shares
- Change to share structure
- Changes to the register of members for proprietary

	Company name			
Company details	AUSTRALIAN UNITED RETAILERS LIMITE	D		
	ACN/ABN			
	077 879 782			
Refer to guide for information about corporate key	Corporate key			
corporate key				
	Who should ASIC contact if there is a qu	ery about	t 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 LIMITE	D		
	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.			
This form must be digited by a surront on	I certify that the information in this cover she	et and the	e attached sections of this	form are true and complete.
	Name			
	KEN SLEEP			
	Capacity			
	Director			
	X Company secretary			
	Signature	77.0		
		1		
	(12-8)	Wh		
	Date signed			
	2 8 / 1 1 / 1 1			
	2 8 / 1 1 / 1 1			
	2 8 / 1 1 / 1 1 [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.enquiries@asic.gov.au

www.asic.gov.au

B1 Cease company of	fficeholder	
		ficeholder. You need to notify details separately for each ceased
Role of ceased officeholder	× Director	
Select one or more boxes	Secretary	
	Alternate director ——Person	alternate for
Date officeholder ceased	Date of change 2 2 / 1 1 / 1 1 [D D] [M M] [Y Y]	
Name	The name of the ceased officeholder is	
	Family name	Given names
	PATTISON	WAYNE
	Date of birth 2	
	Place of birth (town/city)	(state/country)
	BENDIGO	Vic
P1 Continued Coses	another company officehold	A.W.
		mpany officeholder. You need to notify details separately
Role of ceased officeholder	X Director	
Select one or more boxes	Secretary	
	Alternate director ———Person	alternate for
Date officeholder ceased	Date of change	
	2 2 / 1 1 / 1 1 [D D] [M M] [Y Y]	
Name	The name of the ceased officeholder is	
	Family name	Given names
	KENDALL	JANETTE ANNE
	Date of birth	
	2 6 / 0 1 / 6 2 [D D] [M M] [Y Y]	
	Place of birth (town/city)	(state/country)
	MELBOURNE	VIC

B2 Appoint company of	ficeholder		
Use this section to notify appointment of a	company officeholder. You need to notify details se	parately for each new officeholder,	
Role of appointed officeholder	X Director		
Select one or more boxes	Secretary		
	Alternate director		
Date of appointment	Date of appointment 2		
Name	The name of the appointed officeholder is (provide full given names, not initials)		
	Family name	Given names	
	VAN NGUYEN	SIEN	
	Date of birth 1 6 / 1 0 / 6 6 [D D] [M M] [Y Y]		
	Place of birth (town/city)	(state/country)	
	Tidoo of Silan (Ishin Sily)	VIETNAM	
Former name Eg change by deed poll or marriage	Their previous name was (provide full given n Family name	ames, not initials) Given names	
Residential address	The residential address of the appointed office	eholder is	
	Street number and Street name		
	101 LATHER ROAD		
	Suburb/City	State/Territory	
	BELLBOWRIE	QLD	
	Postcode Country (if not Australia)		
	4070		
If an 'Alternate director', for whom	The appointed 'Alternate director' is alternate	for (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 att	ached	

Section B Page 2 of 3