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

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

AUSTRALIAN UNITED RETAILERS LIMITED ACNIABN [077876782] Corporate key Who should ASIC contact If there is a query about this form? ASIC registered agent number (if applicable) Firmforganisation	Company details	Company name				
Refer to guide for information about Lodgement details An image of this form will be available as part of the public register. Who should ASIC contact if there is a query about this form? ASIC registered agent number (if applicable) Firm/organisation AUSTRALIAN UNITED RETAILERS LIMITED Contact name/position description KEN SLEEP Contact name/position description KEN SLEEP Firmid address (optional) kensileep@foodworks.com.au Postal address LEVEL1, 1601 MALVERN ROAD Suburb/City GLEN IRIS Signature This form must be signed by a current officeholder of the company. I certify that the information in this cover sheet and the attached sections of this form are true and complete. Name KEN SLEEP Capacity Director X. Company secretary Signature Date signed 2 1 1 / 0 5 / 1 2		AUSTRALIAN UNITED RETAILERS LIMITED				
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Director X Company secretary Signature Date signed 2 1 / 0 5 / 1 2						
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Signature Date signed 2 1 / 0 5 / 1 2						
Date signed 2 1 / 0 5 / 1 2		Director				
Date signed 2 1 / 0 5 / 1 2						
2 1 / 0 5 / 1 2						
2 1 / 0 5 / 1 2		X Company secretary				
2 1 / 0 5 / 1 2		X Company secretary				
		X Company secretary				
		X Company secretary Signature				
		X Company secretary Signature Date signed				

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

For help or more information

1300 300 630 Telephone Email

info.enquiries@asic.gov.au

Web www.asic.gov.au

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	At the office of, C/- (if applicable)			
A PO Box is only allowed for a member address	ALLEGRA			
	Office, unit, level, or PO Box number (A PO Box is only allowed for a member address)			
	APARTMENT 207			
	Street number and Street name			
	70-72 CYPRESS STREET			
	Suburb/City State/Territory			
	TORQUAY	QLD		
	Postcode Country (if not Australia)			
	4655			
Date of change For members' address changes, use the date of change to the members' register	Date of change [D D] [M M] [Y Y]			
Apply address to	Registered office address			
You can apply the new address to one or more of the following – registered office, principal place of business, etc.	If the registered office has changed, does the company occupy the premises?			
	yes no			
Registered office address A change to the registered office	if no, name of occupier?			
address takes effect either 7 days after lodgement of the notice or a later date				
specified in the notice.	Consider a second (Collect how to ind	ligate the statement below is serrest		
	Occupier's consent (Select box to ind			
	The occupier of the premises has consented in writing to the use of the specified address as the address of the registered office of the company and has not withdrawn that consent.			
	Principal place of business address			
	X Company officeholder's residential address			
	Family name	Given names		
	1 BRIDGFOOT	JOHN LESLIE		
	Date of birth			
	0 4 / 1 1 / 5 8 [D D] [M M] [Y Y]			
	Place of birth (town/city)	(state/country)		
	BENALLA	VIC		
	Family name	Given names		
	2			
	Date of birth [D D] [M M] [Y Y]			
	Place of birth (town/city)	(state/country)		
Proprietary company member's address	Proprietary company member's address			
If there are more than 20 members in a share class, only address changes for	Family name	Given names		
the top 20 need be notified.	1			
	Family name	Given names		
	2			
	When a proprietary company member is a company, not an Individual			
	Company name (only if a member)			
	1			
	ACN/ARBN/ABN	Country of incorporation (if not Australia)		