

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
- B1 Cease company officeholder
- C1 Cancellation of shares

- A2 Change of name officeholder or members
- B2 Appoint company officeholder
 B3 Special purpose company
- C2 Issue of sharesC3 Change to share structure

A3 Change - ultimate holding company

C4 Changes to register of members

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 SUNSHINE COAST COMMUNITY FINANCIAL SERVICES LIMITED				
•					
Refer to guide for information	ACN/ABN	Corporate key			
about corporate key	100 576 261	66395236			
Lodgement details	Who should ASIC contact if there is a query about this form? Name				
	ASIC registered agent number (if applicable)				
	Telephone number				
	Postal address				
	Total number of pages including this cover sheet Please provide an hrs	estimate of the time taken to complete this form			
Signature This form must be signed by a c	urrent officeholder of the company				
	I certify that the information in this form is true and con	nplete			
	Name BILLINGHURST, PETER WILLIAM				
	Capacity X Director				
	Company secretary				
	Signature				
	X PSissper				
	Date Signed 2 7 / 0 8 / 2 [D D] [M M] [Y Y]				

B1 Cease company of	officeholder				
Use this section to notify if a colfor each ceased officeholder.	mpany officeholder has ceased to be a	company officeholder. You need to notify details seperately			
Role of appointed officeholder (Select one or more boxes)	X Director Secretary Alternate Director				
	Alternate Director	Person alternate for			
Date officeholder ceased	Date 2 5 / 0 8 / 1 2				
	[D D] [M M] [Y Y]				
Name	The name of the ceased officeholder is				
	Family name	Given names			
	NICHOLLS	GEOFFREY THOMAS			
	Place of birth (town/city)	(state/country)			
	RICHMOND	VIC			
	Date of birth				
	1 8 / 0 6 / 4 0				
	[D D] [M M] [Y Y]				

B2 Appoint company	officeholder				
Use this section to notify appoint	ment of a company officeholder. You ne	ed to notify	details	seperately for each new officeholder.	
Role of appointed officeholder Select one or more boxes	Director Secretary Alternate director				
Name -	The name of the appointed officeholder is (Provide full given names, not initials)				
	Family name	Given names			
	Place of birth (town/city)	(state/country)			
	Date of birth [D D] [M M] [Y Y]				
Former Name	Their previous name was (provide full given names, not initials)				
Eg change by deed poll, marriage	Family Name			Given Names	
Residential address	The residential address of the appointed office Street number and Street name	eholder is			
	Suburb/City		State	Territory	
	Guburbroity		Ciato	Territory	
	Postcode				
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 Na	mes		
	Expiry date (if applicable) [D D] [M M] [Y Y]				
	Alternate director terms of appo	ointment atta	ached		

B3 Change to special purpose company status

Use this section to notify if the company has commenced or ceased status as one of the special purpose company designations below.

Note: If you indicate that your company has commenced status as one of the special purpose company designations listed below, ASIC will send a declaration for you to complete and return. Special purpose company designations are defined under Regulation 3 of the Corporations (Review Fees) Regulations 2003.

The change is	Commence Home unit company
	Superannuation trustee company For charitable purposes only
_	Cease
For new registrations, use the date of registration as the 'date of change'	Date of change [D D] [M M] [Y Y]