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:

- A1 Change of address
- A2 Change of name officeholders or 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

| If there is insufficient space in any s | ection of the form, you may photocopy the relevant page(s) | and submit as part of this lodgement | | |
|---|---|--|--|--|
| Company details | Company name NORTH RYDE COMMUNITY FINANCE LIMITED | | | |
| Refer to guide for information about corporate key | ACN/ABN Corporate key 74 112 673 506 | | | |
| Lodgement details | Who should ASIC contact if there is a query about this form? Name HELEN PATRICIA PERRIN | | | |
| | ASIC registered agent number (if applicable) | | | |
| | Telephone number (02) 9878 5559 Postal address | | | |
| | 203-213 COX'S ROAD, NORTH RYDE NSW 2113 | | | |
| | Total number of pages including this cover sheet Please provide an estimate of the time taken to complete this form. hrs 10 mins | | | |
| Signature This form must be signed by a current of | | | | |
| | I certify that the information in this cover sheet and the attached sections of this form are true and complete. Name HELEN PATRICIA PERRIN | | | |
| | Capacity Director Company secretary | | | |
| | Signature FPRRW | | | |
| | Date signed 3 | | | |
| Lodgement | Send completed and signed forms to: Australian Securities and Investments Commission, PO Box 4000, Gippsland Mail Centre VIC 3841. | For help or more information Telephone 03 5177 3988 Email info.enquiries@asic.gov.au | | |
| | Or lodge the form electronically by visiting the ASIC website | Web <u>www.asic.gov.au</u> | | |

www.asic.gov.au

| B1 Cease company | officeholder | * | |
|---|---|--|--|
| Use this section to notify if a compar officeholder. | ny officeholder has ceased to be a company o | fficeholder. You need to notify details separately for each ceased | |
| Role of ceased officeholder Select one or more boxes | Director Secretary Alternate director | Person alternate for | |
| Date officeholder ceased | Date of change 3 0 / 1 0 / 1 [Y |] 4 Y] | |
| Name | The name of the ceased officeholder is Family name McMASTER Date of birth 2 6 / 1 1 / 5 [D D] [M M] [Y Place of birth (town/city) PARKES | Given names GRAHAM JOHN O Y] (state/country) NSW | |
| B1 Continued Cease | e another company officel | holder | |
| Use this section to notify if a compan officeholder. | y officeholder has ceased to be a company of | ficeholder. You need to notify details separately for each ceased | |
| Role of ceased officeholder Select one or more boxes | Director Secretary 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) | |