Australian	Securities	&
Investmen	ts Commis	eion

		2000	

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 details	Company name	5 mm			
	COMMUNITY FINANCIAL SERVICES VICTORIA LIMITED				
Refer to guide for information about corporate key	ACN / ABN Corporate key	13			
orporate key	092 756 351	**********			
		11			
odgement details	Who should ASIC contact if there is a query about this form?				
	FinnVorganisation	- 14 A C C C			
	BCV Accounting Services Pty Ltd				
	Contact name/position description	jiom ron			
	John Costello	<u> </u>			
	ASIC registered agent number (if applicable)	g * *			
	9613	MARKET II.			
	Telephone number				
	0397814533				
	Postal address or DX address				
	48 Hartnett Drive				
	Seaford VIC 3198	VIII. 181 733			
	Total number of pages including this cover sheet				
	3				
	A Committee of the Comm	or or the co			
ignature his form must be signed by a current officeho	I certify that the information in this cover sheet and the attached sections of this form are true and complete. Name	3 			
	Certify that the information in this cover sheet and the attached sections of this form are true and complete. Name TANIA LYN HANSEN	1			
	I certify that the information in this cover sheet and the attached sections of this form are true and complete. Name TANIA LYN HANSEN Capacity				
	Certify that the information in this cover sheet and the attached sections of this form are true and complete. Name TANIA LYN HANSEN Capacity Director) 			
	I certify that the information in this cover sheet and the attached sections of this form are true and complete. Name TANIA LYN HANSEN Capacity	\$			
	Certify that the information in this cover sheet and the attached sections of this form are true and complete. Name TANIA LYN HANSEN Capacity Director				

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 1300 300 630

Email

info.enquines@asic.gov.au

Web

www.asic.gov.au

ASIC Form 484

Document trace number.

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8 October 2008

Cover page

Role of ceased offi ceholder Select one or more boxes	Director Secretary Alternate director	sisson billiomate (6)	
ate officeholder ceased	Date of change 27 / 10 / 2011 [D D] [M M] [Y Y Y Y]		
lame	The name of the ceased officeholder is Family name	Given names	
	DE JONG	MEINT PETER	Sur Principles Pale 12 - 120 About 10
	21 / 12 / 1946 [D D] [M M] [Y Y Y Y]		
	Place of birth (town/city)	(state/country)	
	THE HAGUE	NETHERLANDS	
			THE SECOND CONTROL OF THE PROPERTY OF THE PROP
se this section to notify if a company office ole of ceased offi ceholder	eholder has ceased to be a company officeholder. You nee	ed to notify details separately for each ce	ased officeholder.
se this section to notify if a company office of ceased offi ceholder elect one or more boxes	eholder has ceased to be a company officeholder. You nee		ased officeholder.
se this section to notify if a company office of ceased offi ceholder elect one or more boxes	Albamate director Date of change 27 / 10 / 2011		ased officeholder.
B1 Cease company office lise this section to notify if a company office color of ceased offi ceholder select one or more boxes state officeholder ceased	Date of change 27 / 10 / 2011 [D D] [M M] [Y Y Y Y] The name of the ceased officeholder is Earnity name	Serve l'emple for	assed officeholder.

B2 Appoint company officeholder

Use this section to notify appointment of a company officeholder. You need to notify details separately for each new officeholder. Role of appointed officeholder Director (Select one or more boxes) Secretary Alternate director Date of appointment Date of appointment 27 / 10 / 2011 DDIMMINYYY The name of the appointed officeholder is (provide full given names, not initials) Name Given names Family name LOFT DIANNE Date of birth 21 / 08 / 1959 [DD] [MM] [YYYY] Place of birth (town/city) (state/country) WARRAGUL VIC Their previous name was (Provide full given names, not initials) Former name Eg change by deed poll or marriage Family name Given names Residential address The residential address of the appointed officeholder is Office, unit, level Street number and Street name 130 SOUTH GIPPSLAND HIGHWAY Suburb/City State/Territory TOORADIN VIC Postcode Country (if not Australia) 3980 If an 'Alternate director', for whom The appointed 'Alternate director' is alternate for (person sitemets for) Family name Note: Where an Alternate director is appointed, please attach the terms Expiry date (If applicable) of appointment to this change form. (Refer to the guide for annexure [YYYY] [M M] [O O] requirements)

Alternate director terms of appointment attached