Austral	lian S	ecurit	ies	&
Investo	nents	Comr	nis	sion

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
- B1 Cease company officeholder
- C1 Cancellation of shares

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 COBDEN & DISTRICTS COMMUNITY FINANCE ATD ACNIABN ACNIABN Corporate key ITTBS 1044 84 117 7 81 04 9 Corporate key Who should ASIC contact if there is a query about this form? Name Who should ASIC contact if there is a query about this form? Name ASIC registered agent number (if applicable) Telephone number O3 55 951549 OH38 286 615 Postal address H7 Mitchell St Cobden Vic 3266 Total number of pages including this cover sheet I hrs mins Signature This form must be signed by a current officeholder of the company certify that the information in this cover sheet and the attached sections of this form are true and complete. Name Company secretary Signature This form such the signed of the company secretary Signature The signed of the signed of the company secretary Signature The signed of the signed of the company secretary Signature The signed of the signed of the company secretary Signature The signed of the signed of the signed of the company secretary Signature The signed of t	A2 Change of name - officerolders of members A3 Change - ultimate holding company	B3 Special purpose company	C2 issue of snares C3 Change to share structure C4 Changes to the register of members
Refer to guide for information about corporate key ACNUARN ACNUARN ACNUARN ACROMATION	If there is insufficient space in any sect	ori of the form, you may photocopy the relevant	page(s) and submit as part of this lodgement
Lodgement details Who should ASIC contact if there is a query about this form? Name WasiC registered agent number (if applicable) Telephone number O3 65 951549 OH38 388 615. Postal address 47 Mitchell St Cabden Vic 3266 Total number of pages including this cover sheet I hrs immins Signature This form must be signed by a current officeholder of the company. certify that the information in this cover sheet and the attached sections of this form are true and complete. Name Cabacity Director Company secretary 3ignature Please provide an estimate of the time taken to complete. Name Cabacity Director Company secretary 3ignature Query & Kelson Date signed 2 7 / 0 3 / 0 7	Company details		COMMUNITY FINANCE LTD
Name Www. S. Keloon ASIC registered agent number (if applicable) Telephone number O3 65 951549 Postal address 47 Witchell St Cobden Vic 3266 Total number of pages including this cover sheet 2 Please provide an estimate of the time taken to complete this form must be signed by a current officeholder of the company. Certify that the information in this cover sheet and the attached sections of this form are true and complete. Name Capacity Director Company secretary Signature Garacity Date signed 2 7 / 0 3 / 0 7			
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A completed and signed forms to: For help or more information	This form must be signed by a current offic	Certify that the information in this cover sheet and Name Capacity Director Company secretary Signature Date signed 2 7 / 0 3 / 0 7 TD DJ [M MJ [Y Y]	d the attached sections of this form are true and complete.

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Australian Securities and Investments Commission,

PO Box 4000, Gippsland Mail Centre VIC 3841.

Or lodge the form electronically by visiting the ASIC website

Telephone 03 5177 3988

Email info.enquiries@asic.gov.au

Web www.asic.gov.au

www.asic.gov.au

Appoint company of	fficeholder
Use this section to notify appointment of a	a company officeholder. You need to notify details separately for each new officeholder.
Role of appointed officeholder Select one or more boxes	Director Secretary
	Alternate director
Date of appointment	Date of appointment
Name	The name of the appointed officeholder is (provide full given names, not initials) Family name Date of birth D D M MI IV YI
	Place of birth (town/city) (state/country)
Former name Eg change by deed poll or marriage	Their previous name was (provide full given names, not initials) Family name Given names
Residential address	The residential address of the appointed officeholder is
	Street number and Street name 3 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	Suburb/City State/Territory VI C
	Postcode Country (if not Australia)
If an 'Alternate director', for whom Note: Where an Alternate director is	The appointed 'Alternate director' is alternate for (person alternate for) Family name Given names
appointed, please attach the terms of appointment to this change form (Refer to the gulde for annexure requirements)	Expiry date (if applicable) [D D] [M M] [Y Y]
:	Alternate director terms of appointment attached