## Australian Securities & Investments Commission

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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 pag	ge(s) and submit as part of this lodgement
Company details	. Company name	14 marketina a sana
	COBOEN + DISTRICT	S COMMUNITY FINANCE LITD.
Refer to guide for information about	ACN/ABN	Corporate key
corporate key	117781049 8411778	1049 21739451
Lodgement details	Who should ASIC contact if there is a query abou	t this form?
	Firm/organisation  MRS MARGARET A	4 CDONALD
	Contact name/position description	
	ASIC registered agent number (if applicable)	
	Telephone number 03 55951058	
	03 55951058 Postal address or DX address	
		3 <i>A</i> -D
	COB DEN. 3266	
	Total number of pages including this cover sheet	
<b>Signature</b> his form must be signed by a current o	officeholder of the company.	
	I certify that the information in this cover sheet and the Name	attached sections of this form are true and complete.
	MARGARET EMIL	-Y MCDONALD
	Capacity Director	
	Company secretary	
	Signature	
	ME & Done	ld
	Date signed  Date signed  Dipole Management of the signed	
odgement	Send completed and signed forms to: Australian Securities and Investments Commission	For help or more information

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PO Box 4000, Gippsland Mail Centre VIC 3841.

Or lodge the form electronically by visiting the ASIC website

www.asic.gov.au

8 October 2008

Telephone 1300 300 630

Email info.enquiries@asic.gov.au

Web www.asic.gov.au

Cover page

ASIC Form 484

(state/country)
VICTORIA

officeholder.	mpany officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased	
Role of ceased officeholder Select one or more boxes	<ul><li>✓ Director</li><li>✓ Secretary</li></ul>	
	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  KENSON GAY/F	
	Date of Sirth	]
	Place of birth (town/city) (state/country)	ŀ,
	MEN BOURNE VICTORIA	]
R1 Continued Coace	another comment official dis	
Use this section to notify if a comp	e another company officeholder cany officeholder. You need to notify details separately for each ceased	
Use this section to notify if a composition of a composit	coany officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased	
	coany officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased  Director  Secretary	
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Use this section to notify if a comp officeholder. R <b>ole of ceased officeholde</b> r Select one or more boxes	coany officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased  Director  Secretary	
Use this section to notify if a composition of a composit	Director  Secretary  Alternate director  Date of change  Director  Director  Date of change	
Use this section to notify if a composition holder.  Role of ceased officeholder  Select one or more boxes  Date officeholder ceased	Director  Secretary  Alternate director  Date of change  Director  Date of change  Director  Date of change  Director  Date of change  Secretary  Director  Date of change  Secretary  Director  Date of change  Secretary  Director  Person alternate for  Date of change  Secretary  Date of chan	
Use this section to notify if a composition holder.  Role of ceased officeholder  Select one or more boxes  Date officeholder ceased	Director  Secretary  Alternate director  Date of change  Director  Director  Date of change	

Mode Abald

Place of birth (town/city)
CAMPERDOWN

Use this section to notify if a cor officeholder.	npany officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased	
Role of ceased officeholder Selectione or more boxes		
Date officeholder ceased	Date of change  Date of change  Date of change  Date of change  M	<u></u>
Name	The name of the ceased officeholder is Family name Given names	9.5 15.6 1.6
	SUTER ANDREW KEITH	7
	Date of birth <u>の名力のあれる</u> D	
	Place of birth (town/city) (state/country)	
	MELBOURNE VICTORIA	1:
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	another company officeholder  any officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased	
Use this section to notify if a comp	another company officeholder	
Use this section to notify if a composition of ceased officeholder.	another company officeholder  any officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased  Director  Secretary	
Use this section to notify if a composition officeholder.  Role of ceased officeholder Selections or more boxes	another company officeholder  any officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased  Director.  Secretary  Alternate director—Person alternate for  Date of change	
Use this section to notify if a composition officeholder.  Role of ceased officeholder Selections or more boxes  Date officeholder ceased	another company officeholder  any officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased  Director.  Secretary  Alternate director.  Person alternate for  Date of change  [D D] [M M] [Y Y]  The name of the ceased officeholder is	

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Use this section to notify appointment	int another company officeholder t of a company officeholder. You need to notify details separately for each new officeholder.
Role of appointed officeholder Selectione or more boxes	∑ Director Secretary
	Alternate director
Date of appointment	Date of appointment    Z
Name	The name of the appointed officeholder is (provide full given names, not initials)  Family name  Given names
	MORRIS  Date of birth  O 2 / O 6 / 5 円 (D D) (M M) ア Y)  Place of birth (bwn/city) (state/country)
	CAM PERDOWN VICTORIA
Former name Eg change by deed poli 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  180 SHENFIELDS LANE
	Suburb/City State/Territory  COBDEN  VICTORIA
	Postcode Country (if not Australia)  3266
If an 'Alternate director', for whom	The appointed 'Alternate director' is alternate for (person alternate for)  Family name  Given names
Where an Alternate director is appointed, please attach the terms of appointment to this change form. (Refer to the guide for annexure requirements)	Expiry date (if applicable)  [D D] [M M] [Y Y]  Alternate director terms of appointment attached
B3 Special purpose co	
Use this section to notify if the company has co	has commenced or ceased status as one of the special purpose company designations below.  ommenced status as one of the special purpose company designations listed below, ASIC will send a declaration for you to complete and  seried effined 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'	Dale of change  Dale of Change  Dale of Change
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ASIC Form 484

8 October 2008

Section B Page 3 of 3

Use this section to notify appointmen	int another company officeholder t of a company officeholder. You need to notify details separately for each new officeholder.
Role of appointed officeholder Selectione or more boxes	Director  Secretary
	Alternate director
Date of appointment	Date of appointment  [Z] [S], [] [O], [O] [S]  (D D] [M M] [Y Y]
Name	The name of the appointed officeholder is (provide full given names, not initials)  Family name  Given names  ROBERT SAUIDERS
	Date of birth ① 句, O 6, 3 4 (D D) (M M (Y Y)
	Place of birth (town/city) (state/country)  CAMPERDOWN VICTORIA
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  246 BROOKE STREET  Suburb/City  CAMPERDOWN  Postcode  Country (if not Australia)  3260
Note: Where an Alternate director is appointed, please attach the terms of appointment to this change form. (Refer to the guide for annexure requirements)	The appointed 'Alternate director' is alternate for (person alternate for)  Family name  Given names  Expiry date (if applicable)  [D D] (M M] [Y Y]  Alternate director terms of appointment attached
B3 Special purpose co	
more, it you make the your company has c	has commenced or ceased status as one of the special purpose company designations below. ommenced status as one of the special purpose company designations fisted below, ASIC will send a declaration for you to complete and s 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]
	b bc D Au old

ASIC Form 484

8 October 2008

Section B Page 3 of 3

	of a company officeholder. You need to notify details separately for each new officeholder.
Role of appointed officeholder	Director
Selectione or more boxes	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 Given names  KEMPTON KELLIE
	Date of birth
	Place of birth (town/city): (state/country)
	CAMPERDOWN VICTORIA
Former name	Their previous name was (provide full given names, not initials)
Eg change by deed poll or marriage	Family name Given names  FLE MING KELLE
Residential address	The residential address of the appointed officeholder is Street number and Street name
	154 HINKLEYS ROAD
	Suburb/City State/Territory
	BOOKAAR VICTORIA
	Postrode Country (if not Australia)
If an 'Alternate director', for whom	The appointed 'Alternate director' is alternate for (person alternate for)  Family name  Given names
Note: Where an Alternate director is	
appointed, please attach the terms of appointment to this change form.	Expiry date (if applicable)
(Refer to the guide for annexure	
requirements)	· 이 <u>속 .</u> - 일본 하면 하면 하다는 하는 것도 하는데 되었다. 그 있는데 하는데 하는데 하는데 보다. 그래나요
	Alternate director terms of appointment attached
B3 Special purpose cor	mnany
	has commenced or ceased status as one of the special purpose company designations below.
More, it you mustale diat your company has co	ommenced status as one of the special purpose company designations listed below, ASIC will send a declaration for you to complete and are defined under Regulation 3 of the Corporations (Review Fees) Regulations 2003.
The change is	Commence
·	그렇게 하는 그는 그렇게 한 사람들이 하는 것 같아 하는 그 것이 되는 그 것이 없는 그 말이라고 하고 있다. 그 나가요.
•	Home unit company:
	Superannuation trustee company
	For charitable purposes only
	Cease Charles and the second s
For new registrations, use the	Date of change
For new registrations, use the date of registration as the 'date of change'	Date of change

ASIC Form 484

8 October 2008

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Use this section to notify appointment of	of 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  [ [ C] / [ W / D ]  [ O D M M [ Y Y]
Name	The name of the appointed officeholder is (provide full given names, not initials)  Family name Given names  MCDONALD MARGARET FMILY
	Date of birth  O 3/( O/49  D D (M M Y Y)  Place of birth (town/city)  WARRNAM BOOL  VICTORIA
Former name Eg change by deed poll or marriage	Their previous name was (provide full given names, not initials)  Family name  Given names  MALONEY  MARGARET EMILY
Residential address	The residential address of the appointed officeholder is  Street number and Street name  35 CEMETERY ROAD
	Suburb/City  COBDEN  VICTORIA  Postcode  Country (if not Australia)
an 'Alternate director', for whom	The appointed 'Alternate director' is alternate for (person alternate for) Family name Given names
Note: Where an Alternate director is appointed, please attach the terms of appointment to this change form. (Refer to the guide for annexure requirements)	Expiry date (if applicable)  [D D] [M M] [Y Y]  Alternate director terms of appointment attached

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