Austral	ian	Secu	rities	&
Investn	nent	s Co	mmis	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
- 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(e) and submit as next of this lad

Company details	Company name		
	ETTALONG BEACH FINANCIAL SERVICE	S LIMITED	
Refer to guide for information about corporate key	ACN / ABN	Corporate key	
corporate key	110 069 120		
:			
Lodgement details	Who should ASIC contact if there is a query about	t this form?	
	Firm/organisation		
8	KELLY PARTNERS (CENTRAL COAST) PT	Y LTD	
:	Contact name/position description		
	SCOTT ELWIN		
	ASIC registered agent number (if applicable)		
:	24972		
	Telephone number		
:	02 4367 6630		
	Postal address or DX address	:	
1	PO BOX 3616	<u> </u>	
	ERINA NSW 2250		
	Total number of pages including this cover sheet		
:	3	; ;	
	Vandens geregetegensvertell	:	
ignature			
his form must be signed by a current of	ficeholder of the company		
	I certify that the information in this cover sheet and the	attached sections of this form a	re true and complete.
i	Name	1	
	DONALD JOHN WILSON		
	Capacity	•	
	X Director		1 1
	Company secretary	✓	
	Signature /		
4			
:	Brold Roly Welso.		$\leq < < < >$
	Date signed		
	12 / 07 / 2011		
	[D D] [M M] [Y Y Y]		
odgement	Send completed and signed forms to:	For holp or mor	

Lodgement

Australian Securities and Investments Commission. PO Box 4000, Gippsland Mail Centre VIC 3841.

For help or more information

Telephone 1300 300 630

Email

info.enquiries@asic.gov.au

Web

www.asic.gov.au

ASIC Form 484

Document trace number:

1010442

8 October 2008

Cover page

Role of ceased offi ceholder	Director	
Select one or more boxes	X Secretary	: · · · · · · · · · · · · · · · · · · ·
	Alternate director ————————————————————————————————————	
		· · · · · · · · · · · · · · · · · · ·
Date officeholder ceased	Date of change 20 / 05 / 2010	
	[D D] [M M] [Y Y Y]	
lame	The name of the ceased officeholder is	
	Family name Given names	
•	WRIGHT BRIAN GEORGE	
	Date of birth	:
	20 / 10 / 1946	
	[D D] [M M] [Y Y Y Y]	
	Place of birth (town/city) (state/country)	<u> </u>
•	SYDNEY	

ASIC Form 484

8 October 2008

Section B Page 1 of 2

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 20 / 05 / 2010 [DD][MM][YYYY]Name The name of the appointed officeholder is (provide full given names, not initials) Given names CROUCH ADAM SIBERY Date of birth 16 / 05 / 1972 [DD] [MM] [YYYY] Place of birth (town/city) (state/country) ADELAIDE SA Former name Their previous name was (Provide full given names, not initials) 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 25 THE PALISADE Suburb/City State/Territory UMINA BEACH NSW Postcode Country (if not Australia) 2257 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 Expiry date (If applicable) of appointment to this change form. (Refer to the guide for annexure [D D] [M M] [Y Y Y Y] requirements)

Alternate director terms of appointment attached

ASIC Form 484

8 October 2008

Section B Page 2 of 2

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Form 484

Corporations Act 2001

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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		
\$	ETTALONG BEACH FINANCIAL SERVICE	S LIMITED	
Refer to guide for information about	ACN / ABN	Corporate key	
corporate key	110 069 120	Giporate Rey	:
:	A SAN AND A SAN		
Lodgement details	Who should ASIC contact if there is a query abou	ut this form?	
	Firm/organisation		
	KELLY PARTNERS (CENTRAL COAST) PT	Y LTD	
	Contact name/position description		
	SCOTT ELWIN		
	ASIC registered agent number (if applicable)		
1	24972		
	Telephone number		
	02 4367 6630		
:	Postal address or DX address	;	
	PO BOX 3616	·	
	ERINA NSW 2250		
	Total number of pages including this cover sheet	:	
+	3	:	
1			
:			
Signature			
This form must be signed by a current officeho	older of the company		•
· · · · · · · · · · · · · · · · · · ·	I certify that the information in this cover sheet and the	attached sections of this form are	true and complete.
2	Name was the state of the second and the state of the sta		
	DONALD JOHN WILSON		
	Capacity		
	X Director		
	Company secretary	1	
	Signature	•	
		/ .	
	Mongled Polar Wilson	<u>/</u>	
	Date signed		
	12/07/2011	•	B
	[D D] [M M] [Y Y Y Y]		

Australian Securities and Investments Commission, PO Box 4000, Gippsland Mail Centre VIC 3841.

8 October 2008

Telephone 1300 300 630

Email info.enquiries@asic.gov.au

Web www.asic.gov.au

ASIC Form 484

Document trace number:

1010443

Cover page

Role of ceased offi ceholder	Director	
Select one or more boxes	X Secretary	•
	Alternate director — Person alternate for	was a second
ate officeholder ceased	Date of change 23 / 12 / 2010	
; ; ;	[D D] [M M] [Y Y Y Y]	
lame	The name of the ceased officeholder is	
:	Family name Given names CROUCH ADAM SIBERY	
	Date of birth 16 / 05 / 1972 [D D] [M M] [Y Y Y Y]	
	Place of birth (town/city) (state/country)	
	ADELAIDE	

ASIC Form 484

8 October 2008

Section B Page 1 of 2

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 23 / 12 / 2010 [D D] [M M] [Y Y Y Y] The name of the appointed officeholder is (provide full given names, not initials) Name Family name Given names WRIGHT **BRIAN GEORGE** Date of birth 20 / 10 / 1946 [D D] [M M] [Y Y Y Y] Place of birth (town/city) (state/country) SYDNEY NSW 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 Street number and Street name 27 TRAFALGAR AVENUE Suburb/City State/Territory WOY WOY NSW Postcode Country (if not Australia) 2256 If an 'Alternate director', for whom The appointed 'Alternate director' is alternate for (person alternate for) Note: Family name Given names 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 [D D] [M M] [Y Y Y Y] requirements)

Alternate director terms of appointment attached

ASIC Form 484

8 October 2008

Section B Page 2 of 2

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Form 484

Corporations Act 2001

Change to company details

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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 ETTALONG BEACH FINANCIAL SERVICES LIMI	TED
Refer to guide for information about corporate key	ACN / ABN 110 069 120	Corporate key
Lodgement details	Who should ASIC contact if there is a query about this fo	rm?
	Firm/organisation	
•	KELLY PARTNERS (CENTRAL COAST) PTY LTD	
	Contact name/position description SCOTT ELWIN	
1	Programme and the second secon	
:	ASIC registered agent number (if applicable) 24972	
	Telephone number	
; ;	02 4367 6630	
;	Postal address or DX address	
1	PO BOX 3616	
	ERINA NSW 2250	
	Total number of pages including this cover sheet	
:	3	
•		
Signature This form must be signed by a current off	ficeholder of the company	
. :	I certify that the information in this cover sheet and the attached	sections of this form are true and complete.
i	Name DONALD JOHN WILSON	
	Capacity X Director	
	Company secretary	
; :	Signature	
	Donald Palm Wilner	
	Date signed 12 / 07 / 2011 [D D] [M M] [Y Y Y Y]	
Lodgement	Send completed and signed forms to:	For help or more information

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

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Email in

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www.asic.gov.au

ASIC Form 484

Document trace number:

1010444

8 October 2008

Cover page

Use this section to notify if a company of	officeholder has ceased to be a company officeholder. You need to notify details s	eparately for each ceased officeholder.
Role of ceased offi ceholder Select one or more boxes	X Director Secretary Alternate director Person alternate for	
Date officeholder ceased	Date of change 30 / 06 / 2011 [D D] [M M] [Y Y Y Y]	
Name B1 Cease company of	The name of the ceased officeholder is Family name WRIGHT Date of birth 20 / 10 / 1946 [D D] [M M] [Y Y Y Y] Place of birth (town/city) SYDNEY Given names BRIAN GEORGE (state/country) NSW	
Use this section to notify if a company of Role of ceased offi ceholder Select one or more boxes	fficeholder has ceased to be a company officeholder. You need to notify details s Director X Secretary Alternate director Person alternate for	eparately for each ceased officeholder.
Date officeholder ceased	Date of change 30 / 06 / 2011 [D D] [M M] [Y Y Y Y]	
Name	The name of the ceased officeholder is Family name WRIGHT Date of birth 20 / 10 / 1946 [D D] [M M] [Y Y Y Y]	
	Place of birth (town/city) (state/country) SYDNEY NSW	

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 30 / 06 / 2011 [DD][MM][YYYY]Name The name of the appointed officeholder is (provide full given names, not initials) Given names CROFT BRUCE MAXWELL Date of birth 30 / 08 / 1947 [D D] [M M] [Y Y Y Y] Place of birth (town/city) (state/country) COOMA NSW Former name Their previous name was (Provide full given names, not initials) 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 89 OSBORNE AVENUE Suburb/City State/Territory UMINA BEACH NSW Postcode Country (if not Australia) 2257 If an 'Alternate director', for whom The appointed 'Alternate director' is alternate for (person alternate for) Family name Note: Given names Where an Alternate director is appointed, please attach the terms Expiry date (If applicable) of appointment to this change form.

Alternate director terms of appointment attached

(Refer to the guide for annexure

requirements)

[DD][MM][YYYY]