Australian	Securi	ties &	
Investmen	ts Com	missi	on

Form 484

Corporations Act 2001

Change to company details

Sections A, B or C ma	y be lodged independentl	y with this signed co	ver 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 appear in any postler of the form you want

Company details	Company name ETTALONG BEACH FINANCIAL SERVICES LIMITED		
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 c	juery about this form?	
	Firm/organisation KELLY PARTNERS (CENTRAL CO	OAST) PTY LTD	
	Contact name/position description SCOTT ELWIN		
	ASIC registered agent number (if applicab	le)	
	Telephone number 02 4367 6630		
	Postal address or DX address PO BOX 3616		
	ERINA NSW 2250		=
Signature This form must be signed by a current offi	I certify that the information in this cover she Name	set and the attached sections of this form are true and complete.	
	DONALD JOHN WILSON		
	COMMERCIAL PROPERTY OF THE PRO	그렇게 하다 내가 가장 사람들 점점 점점 하면 가게 가장 하는 것이 되었다. 그리고 생각하는 사람들은 사람들은 사람들은 사람들은 사람들이 되었다. 그는 그 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	
	Capacity X Director		
	X 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.enquiries@asic.gov.au

Web www.asic.gov.au

Document trace number:

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Cover page

B2 Appoint company offi Use this section to notify appointment of a co	ceholder company officeholder. You need to notify details separately for each new officeholder.		
Role of appointed officeholder (Select one or more boxes)	X Director Secretary Alternate director		
Date of appointment	Date of appointment 28 / 07 / 2011 [D D] [M M] [Y Y Y Y]		
Name	The name of the appointed officeholder is (provide full given names, not initials) Family name BROCK CHARLES HEDLEY Date of birth 16 / 01 / 1939 [D D] [M M] [Y Y Y Y] Place of birth (town/city) (state/country) NSW		
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 Office, unit, level Street number and Street name 10 ATTUNGA PLACE Suburb/City ST HUBERTS ISLAND Postcode Country (if not Australia) 2257		
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 Y Y] Alternate director terms of appointment attached		

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