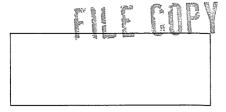
## **Australian Securities & Investments Commission**



**Form 484** 

Corporations Act 2001

## Change to company details

		_	
Sections A, B o	r C may be lodged independently with t	his signed cover page to notify ASIC	of:

- 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

ACN/ABN  Action   Act	Company details	Company name
Corporate key  If OGG / 20 Corporate key  G 4 4 4 5 0 4  Who should ASIC contact if there is a query about this form? ASIC registered agent number (if applicable)  Firm/organisation  E TH CONG BGBCU HUNGE NOTES	. ,	ETTALONG BBACH KINANCIAL STRUTCES LIMITED
Telephone number (during business hours)  Signature his form must be signed by a current officeholder of the company.  I contributing the signed by a current officeholder of the company.  I contribute the information in this cover sheet and the attached sections of this form are true and complete.  Name  Long and Ash Whosh of the company.  Company secretary  Signature  Company secretary  Comp		ACN/ABN
who should ASIC contact if there is a query about this form? ASIC registered agent number (if applicable)  ASIC registered agent number (if applicable)  Firm/organisation  ETHLONG BGACK FLOAC GGACK SUNCES LAMFHS  Contact name/position description  DON WILSON - WILSON - WILSON   (02) +3 4 (36 NO)  Email address (optional)  Postal address  Postal address  Suburbicity  Suburbicity  Suburbicity  I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  Capacity  Company secretary  Signature  Date signed		116 069 120
who should ASIC contact if there is a query about this form? ASIC registered agent number (if applicable)  ASIC registered agent number (if applicable)  Firm/organisation  ETHLONG BGACK FLOAC GGACK SUNCES LAMFHS  Contact name/position description  DON WILSON - WILSON - WILSON   (02) +3 4 (36 NO)  Email address (optional)  Postal address  Postal address  Suburbicity  Suburbicity  Suburbicity  I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  Capacity  Company secretary  Signature  Date signed	Refer to guide for information about	Corporate key
ASIC registered agent number (if applicable)  ASIC registered agent number (if applicable)  Firm/organisation  ETHCONG BEACK SUNVESS LOWETS)  Contact name/position description  Telephone number (during business hours)  ON WESSN - WESSNA (G2) +3 4 (3 G M)  Email address (optional)  Postal address  P BOX  SuburbCity  SuburbCity  SuburbCity  Form must be signed by a current officeholder of the company.  I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  ONN FORM OF THE CONDESS (APPLICATION O	orporate key	
ASIC registered agent number (if applicable)  ASIC registered agent number (if applicable)  Firm/organisation  ETHCONG BEACK SUNVESS LOWETS)  Contact name/position description  Telephone number (during business hours)  ON WESSN - WESSNA (G2) +3 4 (3 G M)  Email address (optional)  Postal address  P BOX  SuburbCity  SuburbCity  SuburbCity  Form must be signed by a current officeholder of the company.  I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  ONN FORM OF THE CONDESS (APPLICATION O		
ASIC registered agent number (if applicable)  ASIC registered agent number (if applicable)  Firm/organisation  ETFICONG BGACK SUNDANCER SUNTES LOWERS  Contact name/position description  DON WELSON - WESCON  Email address  Postal address  Postal address  Suburb/City  State/Firritory  Postcode  2256  Signature his form must be signed by a current officeholder of the company.  I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  DoNA LOSON  Capacity  Director  Company secretary  Signature  Date signed  2 9 0 1 1 1	odgement details	Who should ASIC contact if there is a query about this form?
Firm/organisation  ETHICONG BOACK FLANCIGAL STANCES LATERS  Contact name/position description  Firm/organisation  ETHICONG BOACK FLANCIGAL STANCES LATERS  Contact name/position description  For WELSON - WILLSON ((02) 43 4 (3) 6 M)  Email address (optional)  Postal address  Po Boack  Suburb/City State/Territory Postcode,  LOON WOUND THE STANCES LATERS AND STANCES A	-	ASIC registered agent number (if applicable)
Contact name/position description    Contact name/position description   Telephone number (during business hours)		
Contact name/position description    OWN WILSON - WARKFOR	art of the public register.	Firm/organisation
Email address (optional)  Postal address  Boy  Suburb/City  Vo Woy  State/Territory  Postcode  2156  Signature his form must be signed by a current officeholder of the company.  I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  Owline  Capacity  Capacity  Company secretary  Signature  Date signed  Date signed  Date signed		ETTALONG BOACH FLWANCEAL SERVICES LIGHTED
Email address (optional)  Postal address  Suburb/City  State/Territory  Postcode  2156  Signature his form must be signed by a current officeholder of the company.  I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  ONA DOHN WILSON  Capacity  Director  Company secretary  Signature  Date signed  Date signed  Date signed		
Postal address Suburb/City State/Territory Postcode,  Suburb/City State/Territory Postcode,  Signature his form must be signed by a current officeholder of the company.  I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  ONA SON  Capacity Director Company secretary  Signature  Date signed  Date signed  Date signed		DON WILSON - REKECTOR (02) 434136NO
Suburb/City Suburb/City State/Territory Postcode, Signature his form must be signed by a current officeholder of the company.  I 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  Date signed  Date signed  Date signed		Email address (optional)
Signature his form must be signed by a current officeholder of the company.  I 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  Date signed  Date signed  Date signed		
Suburb/City  State/Territory  Postcode,  21/4  Signature his form must be signed by a current officeholder of the company.  I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  Capacity  Capacity  Director  Company secretary  Signature  Date signed  Postcode,  21/4  Postcode,  2		Postal address
Signature This form must be signed by a current officeholder of the company.  I 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  Date signed  Portor  Date signed  Portor  Date signed		PO BOX 116
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I 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  Date signed  2 9 , 0 1 , 1 1		W63) W04 12256
I 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  Date signed  2 9 / 0 1 / 1 1		
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Name    Company Secretary		seholder of the company.
Name    Company Secretary	• •	I certify that the information in this cover sheet and the attached sections of this form are true and complete.
Capacity  Director  Company secretary  Signature  Date signed  Polypon  Date signed		
Capacity  Director  Company secretary  Signature  Date signed  Polypon  Date signed		DONALD GOHN WILSON
Director Company secretary Signature  Date signed  Polyon  Date signed		
Signature  Date signed  9,09,11		
Signature  Daneld Gebr Welson  Date signed  Date 9,09,11		Company secretary
Date signed  29,09,11	(	
Date signed  [2] 9, O 9, ( )	`	Organical Control of the Control of
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[D D] [M M] [Y Y]		
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	odgement	Send completed and signed forms to: For more information

Loagement

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

Or lodge the form electronically by visiting the ASIC website www.asic.gov.au

Web www.asic.gov.au

Need help? www.asic.gov.au/question

Telephone 1300 300 630

	Number of shares issued	Amount paid per share		Amount unpaid per sl	nare
ORO	756700 1-0			N+14	
<u> </u>					
				,	
<b>/ 6</b> / <b>6</b> 3 D D] [M M	parliest date that any of the above chang		ntract?		
Yes if yes, proprie	tary companies must also lodge a Form orm 208 or a copy of the contract.			lic companies must al	so lodge a Form 20
No	ary companies are not required to provid	le any further documents with this forn	n. Public companies	must also lodge a Fo	rm 208.
_	o share structure				
	share structure table has occurred (eg. re classes not affected by the change at		of shares), please :	show the updated deta	alls for the share cla
Share class code	Full title if not standard		Total number of shares (current after changes)	Total amount paid on these shares	Total amount unpaid on these shares
ORD			756711	756711	NIL
	<del> </del>				
	nge				
Earliest date of cha	earliest date that any of the above chang	es occurred			