

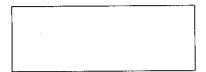
Subject: HAD Form 484 x 2

| To: | lan Craig | From: | Caroline James | |
|--------|--------------|--------|----------------|--|
| Fax: | 03 9664 0011 | Fax: | 03 5433 2263 | |
| Phone: | | Phone: | 03 5433 2415 | |
| Date: | 7 November | | | |

Dear lan, please find following Form 484 (Change of Director details) and Form 484 (Change of registered office) from H&DFS.

Regards, Caroline

Australian Securities & Investments Commission



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 or members A3 Change - ultimate holding company

B1 Cease company officeholder

B2 Appoint company officeholder

83 Special purpose company

C1 Cancellation of shares

C2 Issue of shares

C3 Change to share structure

C4 Changes to the register of members

All mandatory fields will be identified with an *.

| Company details | Company name Heathcote & District Financial Services Limited | | | | | |
|--|--|---|--|--|--|--|
| | | | | | | |
| Refer to guide for information about | ACN/ABN * | Corporate key | | | | |
| corporate key | 112 376 986 | 76251783 | | | | |
| | | | | | | |
| Lodgement details | Who should ASIC contact if there is a query about this form? | | | | | |
| _ | Name | | | | | |
| | Caroline James | | | | | |
| • | ASIC registered agent number (if applicable) | | | | | |
| | Telephone number | | | | | |
| | 03 54332415 | | | | | |
| | Postal address | | | | | |
| | 159 Kilmore Road Heathcote Vic 3523 | | | | | |
| | | | | | | |
| | Total number of pages including this cover sheet Please provide an estimate of the time taken to complete this form. hrs 30 mins | | | | | |
| Signature This form must be signed by a current of | | d the attached sections of this form are true and complete. | | | | |
| | Name * | | | | | |
| | Gregory J Williams | | | | | |
| | Capacity * | | | | | |
| <u></u> | | | | | | |
| This form must be | ✓ Director | | | | | |
| This form must be | | | | | | |
| This form must be SIGNED and | ☐ Director ☐ .Company secretary ☐ | | | | | |
| SIGNED and | ☑ Director ☐ .Company secretary Signature | | | | | |
| SIGNED and DATED by a current | ☐ Director ☐ .Company secretary ☐ | | | | | |
| SIGNED and | ☑ Director ☐ .Company secretary Signature | (dd/mm/yyyy) | | | | |

Lodgement

Send completed and signed forms to: 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

For help or more information

Telephone 03 5177 3988

Email Click here to send ASIC an email.

www.asic.gov.au

ASIC Form 484 1F ver 1.2

Cover page

Change Notification Page

| Please notify the changes you wish to make by selectin generate the appropriate section(s) which will appear at | g at least one of the tick boxes available below. Your tickbox selections will fter this page. |
|--|--|
| A1 Change of address A2 Change a name for officeholder or members A3 Change of ultimate holding company details B1 Cease an officeholder B2 Appoint an officeholder B3 Change to special purpose company status | Click on the button below if you need assistance in making your selection Form 484 Guide Once you have made all your selections, scroll down to complete the required sections |
| To notify ASIC of changes to the shares and/or members wait until the table displays showing the a | pers register, select the appropriate tickbox below. ppropriate sections that you should complete. |
| C Issue of shares | |
| C Cancellation of shares | |
| C Transfer of shares | |
| C Changes to amounts paid | |
| C Changes to beneficial ownership | |

A1 Change of address

This section allows a new address to be applied to one or more purposes (ie registered office, principal place of business, company officeholder or member). You must

| New address | At the office of, C/- (if applicable) | | | | |
|--|---|--|-----------------|--|--|
| A PO Box is only allowed for a member | | | | | |
| address | Office, unit, level, or PO Box number (A PO Box is only allowed for a member address) | | | | |
| | Street number and Street name | | | | |
| | Shop 2, 119 High Street | | | | |
| | Suburb/City | | State/Territory | | |
| | Heathcote | | Vic | | |
| Date of change | Postcode Country (if not Australia) | | | | |
| | 3523 | | | | |
| | Date of change | | | | |
| For members' address changes, use the date of change to the members' | 01/11/2006 (dd/mm/yyyy) | | | | |
| register Apply address to | ☑ Registered office address | | | | |
| You can apply the new address to one or | or If the registered office has changed, does the company occupy the premises? | | | | |
| more of the following - registered office, principal place of business, etc. | ves □ no | | | | |
| | Principal place of business address | | | | |
| | Company officeholder's residential address | | | | |
| • | Member's Address | | | | |

Australian Securities & Investments Commission



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 or members A3 Change - uitlmate holding company

B1 Cease company officeholds:

B2 Appoint company officeholder B3 Special purpose company

CT Cancellation of shares

C2 Issue of shares
C3 Change to share structure
C4 Changes to the register of members

| ompany details | Company name | Company name | | | | |
|--|--|--|--|--|--|--|
| | Heathcote & District Financial Services Limite | Opported Nav | | | | |
| er to guide for information about | ACN/ABN | Corporale key 76251783 | | | | |
| oorate key | 112 376 986 | 76231763 | | | | |
| dgement details | Who should ASIC contact if there is a query about this fo | rm? | | | | |
| agement domino | Name | | | | | |
| | Caroline James | | | | | |
| | ASIC registered agent number (if applicable) | | | | | |
| | Telephone number | | | | | |
| | 03 54332415 | | | | | |
| | Postal address | | | | | |
| | 159 Kilmore Road | | | | | |
| | 11. ab. ab. Mr. 2572 | | | | | |
| | Total number of pages including this cover sheet Please provide an estimate of the time taken to complete this form | | | | | |
| | lotal number of pages including this cover of the | | | | | |
| | 4 | | | | | |
| i Suarrine | | | | | | |
| ignature his form must be signed by a current | officeholder of the company. I certify that the information in this cover sheet and the Name. | ne attached sections of this form are true and complete | | | | |
| ignature his form must be signed by a current of the control of the current of th | certify that the information in this cover sheet and the Name | ne attached sections of this form are true and complete | | | | |
| ignature his form must be signed by a current | certify that the information in this cover sheet and the Name Barry Cail | ne attached sections of this form are true and complete | | | | |
| nis form must be signed by a current | certify that the information in this cover sheet and the Name Barry Cail Capacity | ne attached sections of this form are true and complete | | | | |
| is form must be signed by a current of the signe | certify that the information in this cover sheet and the Name Barry Cati Capacity Director | ne attached sections of this form are true and complete | | | | |
| is form must be signed by a current of the signe | certify that the information in this cover sheet and the Name Barry Cail | ne attached sections of this form are true and complete | | | | |
| This form must be signed by a current of the sig | certify that the information in this cover sheet and the Name Barry Cail | ne attached sections of this form are true and complete | | | | |
| This form must be signed by a current of the sig | certify that the information in this cover sheet and the Name Barry Cail | ne attached sections of this form are true and complete | | | | |
| This form must be signed by a current of the sig | certify that the information in this cover sheet and the Name Barry Cail Capacity Director Company secretary Signature | ne attached sections of this form are true and complete | | | | |
| This form must be signed by a current of the form must be self-stand and sofficeholder after it is | certify that the information in this cover sheet and the Name Barry Cail | ne attached sections of this form are true and complete | | | | |
| This form must be signed by a current of the form must be self-stand and the form th | certify that the information in this cover sheet and the Name Barry Cail | | | | | |
| This form must be signed by a current of the Second | certify that the information in this cover sheet and the Name Barry Cail Capacity ☑ Director Company secretary Signature Date signed Capacity Capacity | ı/mm/yyyy) | | | | |
| This form must be signed by a current of the form must be self-will and sofficeholder after it is property and the self-will by a current officeholder after it is | certify that the information in this cover sheet and the Name Barry Cail | I/mm/yyyy) For help or more information | | | | |
| This form must be signed by a current of the form must be self-substitution and surrent officeholder after it is | Capacity Director Company secretary Signature Date signed 1 2 39 2 3 6 (de | Hmm/yyyy) For help or more information Telephone 03 5177 3988 | | | | |
| SIGNAL and Sourcent officeholder after it is | certify that the information in this cover sheet and the Name Barry Cail | For help or more information Telephone 03 5177 3988 Email Qlick here to send ASIC an email | | | | |
| This form must be signed by a current of the form must be self-sufficient and surrent officeholder after it is provided that the provided the self-surrent officeholder after it is | Capacity Director Company secretary Signature Date signed 1 2 39 2 3 6 (de | Tor help or more information Telephone 03 5177 3988 Email Click here to send ASIC an email Web www.asic gov au | | | | |

ASIC Form 484 1F ver 1.2

Cover page

Bnnmm,,,,,

Change Notification Page

| Please notify the changes you wish to make by selecting a generate the appropriate section(s) which will appear after | nt least one of the tick r this page. | boxes available belo | w. Your tickbox selec | fions Will |
|--|---|--|--------------------------------------|------------------------------------|
| A1 Change of address A2 Change a name for officeholder or members A3 Change of ultimate holding company details B1 Cease an officeholder B2 Appoint an officeholder B3 Change to special purpose company status | | · | | |
| To notify ASIC of changes to the shares and/or membe Please wait until the table displays showing the app | rs register, select the propriate sections t | e appropriate tickbo that you should co | x below. mpl ete. | |
| | C1 - Cancellation of shares | C2 - Issue of shares | C3 - Change to share structure table | C4 - Change to members register |
| C Cancellation of shares C Cancellation of shares C Transfer of shares Proprietary company Public company if in response to the Annual company statement if not in response to the Annual company statement | Not required | Not required | Not required | Not required |
| C Changes to amounts paid C Changes to beneficial ownership Once you have made all your selections, scroll down to comp | lete the required sectlo | กร | | |

To notify ASIC about a division or conversion of a class of shares, you must lodge a form 211 within 28 days of the change occurring.

To notify ASIC about a conversion of shares into larger or smaller numbers, you must lodge a form 2205B within 28 days of the change occurring.

| opy and attach another Section A1 for each | At the office of, C/- (if applicable) | | | | |
|--|--|-------------------------|--|--|--|
| ow address PO Box is only allowed for a member | | | | | |
| dress | Office, unit, level, or PO Bo | ox number (A PO Box is | only allowed for a member address) | | |
| | Street number and Street name | | | | |
| | 159 Kilmore Road | | | | |
| | Suburb/City | | State/Territory | | |
| | Heathcote | | Vic | | |
| | Postcode | Country (if not Austr | | | |
| | 3523 | Course, in view vices | | | |
| ate of change | Date of change | | | | |
| or members' address changes, use e date of change to the members' | 28/08/2006 | | (dd/mm/yyyy) | | |
| gister | Registered office | address | | | |
| oply address to | If the registered office has | channed does the com | pany occupy the premises? | | |
| ou can apply the new address to one or ore of the following - registered office, | | oranges, see a | r.) 17 , | | |
| incipal place of business, etc. | ∐ yes | | | | |
| Registered office address | v no if no, name of o | occupier? | · | | |
| A change to the registered office | Caroline James & Alister Trease | | | | |
| address takes effect either 7 days after | | | | | |
| lodgement of the notice or a later date specified in the notice. | Occupier's consent (Select box to indicate the statement below is correct) The occupier of the premises has consented in writing to the use of the specified address as the addre | | | | |
| | of the registered office of the company and has not withdrawn that consent | | | | |
| | Principal place of business address | | | | |
| | Company officeholder's residential address | | | | |
| | Member's Address | | | | |
| | | | | | |
| | | | | | |
| 1 Cease company offic | eholder | | 17 their executive for each accord | | |
| se this section to notify if a company office fficeholder | aholder has ceased to be a co | ompany officeholder. Yo | ou need to notify details separately for each ceased | | |
| ole of ceased officeholder | ✓ Director | | | | |
| elect one or more boxes | ✓ Secretary | | | | |
| , | Alternale director | | | | |
| | | | | | |
| | Data of shapes | | | | |
| Pate officeholder ceased | Date of change | | | | |
| ate officeholder ceased | 28/08/2006 | (dd/mm/yyyy) | | | |
| | 28/08/2006 The name of the cease | | Civen names | | |
| | 28/08/2006 The name of the cease Family name | | Given names | | |
| | 28/08/2006 The name of the cease | | Given names Kathryn Mary | | |
| | 28/08/2006 The name of the cease Family name Gilmore Date of birth | ed officeholder is | | | |
| | 28/08/2006 The name of the cease Family name Gilmore Date of birth 25/10/1972 | ed officeholder is | Kathryn Mary | | |
| Date officeholder ceased Name | 28/08/2006 The name of the cease Family name Gilmore Date of birth | ed officeholder is | | | |

| 32 Appoint company of Use this section to notify appointment of a | company officeholder. You ne | ed to notify details se | carately for each new officeholder. | | | |
|--|------------------------------|-------------------------|--|-------------|--|--|
| | ☑ Director | | | | | |
| Role of appointed officeholder Selectione or more boxes | Secretary | | | | | |
| | Alternate director | | | | | |
| Date of appointment | Date of appointment | | | | | |
| | 28/08/2006 | (dd/mm/yyyy) | | | | |
| Name | The name of the appo | Inted officeholder is | (provide full given names, not initials) | | | |
| 14CE 11C | Family name Given names | | | | | |
| | James | | Caroline FitzGerald | | | |
| | Date of birth | | | | | |
| | 28/08/1943 | (dd/mm/yyyy) |) | | | |
| | Place of birth (fown/city |) | (state/country) | | | |
| | Melbourne | | Vic | | | |
| Former name | Their previous name | was (provide full giv | en names, not initials) | | | |
| Eg change by deed poll or marriage | Family name | | Given names | | | |
| -9 3 7 1 4 | | | | | | |
| Residential address | The residential addre | ss of the appointed | officeholder is | | | |
| I/Caldition names | Street number and Street | | | | | |
| | 159 Kilmore Road | | | | | |
| | Suburb/City | | State/Territory | | | |
| | Heathcote | | Vic | | | |
| | Postcode | Country (if not | Australia) | | | |
| | 3523 | | | | | |
| | <u> </u> | | | | | |