COPY FOR YOUR INFORMATION

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
- 81 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

All mandatory fields will be identified with an

Company details	Company name					
	Heathcote & District Financial Services Limited	Heathcote & District Financial Services Limited				
Refer to guide for information about corporate key	ACN/ABN Corpora	ate key				
	112 376 986 7625	1783				
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 Total number of pages including this cover sheet These provide an estimate of the time taken to complete this form These provide an estimate of the time taken to complete this form					
•		is form are true and complete				
•	officeholder of the company. I certify that the information in this cover sheet and the attached sections of the Name.	is form are true and complete				
	officeholder of the company. I certify that the information in this cover sheet and the attached sections of the Name Barry Cail	is form are true and complete				
This form must be signed by a current o	officeholder of the company. I certify that the information in this cover sheet and the attached sections of the Name Barry Cail Capacity	is form are true and complete				
•	officeholder of the company. I certify that the information in this cover sheet and the attached sections of the Name Barry Cail Capacity Director	is form are true and complete				
This form must be signed by a current o	officeholder of the company. I certify that the information in this cover sheet and the attached sections of the Name Barry Cail Capacity Director Company secretary	is form are true and complete				
This form must be signed by a current of the first part of the fir	officeholder of the company. I certify that the information in this cover sheet and the attached sections of the Name Barry Cail Capacity Director	is form are true and complete				
This form must be signed by a current of the first party of the first	officeholder of the company. I certify that the information in this cover sheet and the attached sections of the Name Barry Cail Capacity Director Company secretary	is form are true and complete				
This form must be signed by a current of the form the signed by a current of the signed by a current o	officeholder of the company. I certify that the information in this cover sheet and the attached sections of the Name Barry Cail Capacity Director Company secretary Signature	is form are true and complete				
This form must be signed by a current of the first particles in the control of the first particles in the control of the contr	officeholder of the company. I certify that the information in this cover sheet and the attached sections of the Name Barry Cail Capacity Director Company secretary Signature	is form are true and complete				
This form must be signed by a current of the first part of the fir	officeholder of the company. I certify that the information in this cover sheet and the attached sections of the Name Barry Cail Capacity Director Company secretary Signature	is form are true and complete				
This form must be signed by a current of the single marks in the same of the s	officeholder of the company. I certify that the information in this cover sheet and the altached sections of the Name Barry Cail Capacity Director Company secretary Signature Date signed 1.2 04 2006 (dd/mm/yyyy)					
This form must be signed by a current of the form must be signed by a current of the form must be signed by a current of the form of the f	officeholder of the company. I certify that the information in this cover sheet and the attached sections of the Name Barry Cail Capacity Director Company secretary Signature 1 2 34 2 5 5 (dd/mm/yyyy) Send completed and signed forms to: Australian Securities and Investments Commission, Telephone 03 517	formation				
And by a current officeholder after it is	officeholder of the company. I certify that the information in this cover sheet and the attached sections of the Name Barry Cail Capacity Director Company secretary Signature 1 2 04 2 00 (dd/mm/yyyy) Send completed and signed forms to: Australian Securities and Investments Commission, PO Box 4000, Gippsland Mail Centre VIC 3841. For help or more in Telephone 03 517. Email Click here to:	formation 77 3988 send ASIC an email				
This form must be signed by a current of the first part of the fir	officeholder of the company. I certify that the information in this cover sheet and the attached sections of the Name Barry Cail Capacity Director Company secretary Signature 1 2 04 2 00 (dd/mm/yyyy) Send completed and signed forms to: Australian Securities and Investments Commission, PO Box 4000, Gippsland Mail Centre VIC 3841. For help or more in Telephone 03 517. Email Click here to:	formation 7 3988				

ASIC Form 484 1F ver 1.2 Cover page

บทสเกติร เสดสเกตสกกา เ ฮลิก

Please notify the changes you wish to make by selecting a generate the appropriate section(s) which will appear after		boxes available belo	w. Your tickbox selec	tions will		
A1 A1 Change of addrood A2 Change a name for officeholder or members A3 Change of ultimate holding company details	Click on the button below if you need assistance in making your selection					
B1 🗹 Cease an officeholder		Form 484 G				
B2 Appoint an officeholder	Once you have made all your selections, scroll down to complete the					
B3 Change to special purpose company status	required sections					
Please wait until the table displays showing the app	C1 - Cancellation of shares	hat you should cor	C3 - Change to share structure table	C4 - Change to members register		
C Issue of shares						
C Cancellation of shares						
C Transfer of shares						
Proprietary company						
Public company	1					
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 comple	ete the required section	is				
To notify ASIC about a division or conversion of a class of sha	res, you must lodge a f	orm 211 within 28 days	of the change occurring	g.		

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.

New address	At the office of, C/- (if applicable)					
A PO Box is only allowed for a member	Office, unit, lauel, or PO Box number (A PO) Hox is only allowed for a member address)					
	CONTROLLES (AT LATING BLIMA GILLOMAGI DE ATMENTO EL SOCIESE)					
	Street number and Street name					
	159 Kilmore Road					
	Suburb/City	~	State/Territory			
	Heathcote		Vic			
	Postcode	Country (if not Aust	ralia)			
	3523	L				
Date of change	Date of change					
For members' address changes, use the date of change to the members'	28/08/2006	·	(dd/mm/yyyy)			
register	Registered office ad	dress				
A pply address to You can annly the new address to one or	If the registered office has ch	nanaad daas tha can	anany controv the premises?			
You can apply the new address to one or more of the following - registered office, principal place of business, etc.		langed, does the con	ipony occupy ind premises			
principal place of business, etc.	∐ yes ☑ no					
Registered office address	if no, name of occ	cupier?	·			
A change to the registered office address takes effect either 7 days after	Caroline Jan	nes & Alister Tre	ase			
lodgement of the notice or a later date	Occupier's o	consent (Select box to	o indicate the statement below is correct)			
specified in the notice.	The occupier of the premises has consented in writing to the use of the specified address as the address					
	of the registered office of the company and has not withdrawn that consent.					
	Principal place of business address					
	rend a an a					
	Company officehold	der's residential a	ddress			
	✓ Company officehole✓ Member's Address	der's residential a	ddress			
		der's residential a	ddress			
		der's residential a	ddress			
31 Cease company office	Member's Address	der's residential a	ddress			
Jse this section to notify if a company office	Member's Address		ou need to notify details separately for each ceased			
Use this section to notify if a company office officeholder	Member's Address					
Use this section to notify if a company office officeholder Role of ceased officeholder	Member's Address cholder holder has ceased to be a com					
Use this section to notify if a company office officeholder Role of ceased officeholder	Member's Address Pholder holder has ceased to be a com ☑ Director ☑ Secretary					
Use this section to notify if a company office officeholder Role of ceased officeholder	Member's Address cholder holder has ceased to be a com					
Use this section to notify if a company office officeholder Role of ceased officeholder Select one or more boxes	Member's Address Pholder holder has ceased to be a com ☑ Director ☑ Secretary	pany officeholder. Yo				
Use this section to notify if a company office officeholder Role of ceased officeholder Select one or more boxes	Member's Address Pholder holder has ceased to be a com ☐ Director ☐ Secretary ☐ Alternate director					
Use this section to notify if a company office officeholder Role of ceased officeholder Select one or more boxes Date officeholder ceased	Member's Address Cholder holder has ceased to be a com Director Alternate director Date of change 28/08/2006 The name of the ceased	pany officeholder. Yo				
Use this section to notify if a company office officeholder Role of ceased officeholder Select one or more boxes Date officeholder ceased	Member's Address Cholder holder has ceased to be a com Director Alternate director Date of change 28/08/2006 The name of the ceased Family name	pany officeholder. Yo	ou need to notify details separately for each ceased			
Use this section to notify if a company office officeholder Role of ceased officeholder Select one or more boxes Date officeholder ceased	Member's Address Cholder holder has ceased to be a com Director Alternate director Date of change 28/08/2006 The name of the ceased Family name Gilmore	pany officeholder. Yo	ou need to notify details separately for each ceased			
Use this section to notify if a company office officeholder Role of ceased officeholder Select one or more boxes Date officeholder ceased	Member's Address Pholder holder has ceased to be a com Director Secretary Alternate director Date of change 28/08/2006 The name of the ceased Family name Gilmore Date of birth	pany officeholder. You deficeholder is	ou need to notify details separately for each ceased			
Use this section to notify if a company office officeholder Role of ceased officeholder Select one or more boxes Date officeholder ceased	Member's Address Cholder holder has ceased to be a com Director Alternate director Date of change 28/08/2006 The name of the ceased Family name Gilmore Date of birth 25/10/1972	pany officeholder. Yo	ou need to notify details separately for each ceased Given names Kathryn Mary			
B1 Cease company office Use this section to notify if a company office officeholder Role of ceased officeholder Select one or more boxes Date officeholder ceased Name	Member's Address Pholder holder has ceased to be a com Director Secretary Alternate director Date of change 28/08/2006 The name of the ceased Family name Gilmore Date of birth	pany officeholder. You deficeholder is	ou need to notify details separately for each ceased			

32 Appoint company off	iceholder				The state of the s	
Use this section to notify appointment of a		notify details sepa	arately for each	new officeholder.		
Role of appointed officeholder Select one or more boxes	Director					
	Secretary					
	Allernate director					
Date of appointment	Date of appointment					
	28/08/2006	dd/mm/yyyy)				
Name	The name of the appointed officeholder is (provide full given names, not initials)					
	Family name		Given names			
	James		Caroline FitzGerald			
	Date of birth	_				
	28/08/1943	(dd/mm/yyyy)	•			
	Place of birth (town/city)		(state/country)			
	Melbourne		Vic			
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 of	ficeholder is			
	Street number and Street name					
	159 Kilmore Road					
	Suburb/City			State/Territory		
	Heathcote			Vic		
	Postcode	Postcode Country (if not Australia)				
	3523					