

KEN JAMES & ASSOCIATES PTY. LTD.

CERTIFIED PRACTISING ACCOUNTANTS

Correspondence to:PO Box 306
WERRIBEE VIC 3030

Telephone: (03) 9741 3151

(03) 9741 3731

Fax: (03) 9741 3172

Director: Ken James CPA

FACSIMILE

ABN: 74 005 738 116

ACN: 005 738 116

To: Jane Pollard	Fax: 02 4929 1556	Phone:
Re: Hobson's Bay Community Financial Services Ltd	Pages: 7	Date: 16/03/06
From: Lesley	Fax:	Phone:
<input type="checkbox"/> Urgent	<input type="checkbox"/> For Review	<input type="checkbox"/> Please Comment
		<input type="checkbox"/> Please Reply

Re: Hobson's Bay Community Financial Services Ltd

Attached is Form 484 and ASIC confirmation regarding change of directors to the above.

Word/MASTERS/Facsimile

UNIT B, 4 PYKE STREET, WERRIBEE, VICTORIA 3030



FILE

**ASIC**

Australian Securities & Investments Commission

Information Processing Centre
PO Box 4000
Gippsland Mail Centre VIC 3841
DX 84416 Traralgon

15 February 2006

KEN JAMES & ASSOCIATES PTY LTD
Attn: KEN JAMES
PO BOX 306
WERRIBEE VIC 3030

Dear Registered Agent,

Confirmation Advice

FOR HOBSONS BAY COMMUNITY FINANCIAL SERVICES LTD
ACN 091 661 166

For help or more information

Telephone 03 5177 3999
Email info.enquiries@asic.gov.au
Web www.asic.gov.au/easy lodge

ASIC's records show you are the Registered Agent for the company shown above. We have received a notification from a third party of changes to this company.

The changes notified are:

Document	Form	Date Lodged	Change
021209197	484E	04/01/2006	APPOINTMENT OR CESSATION OF A COMPANY OFFICEHOLDER Appointed: QUAIL, ROBERT RAY (Director) Appointed: BOYD, MICHAEL ALLAN (Director) Appointed: BARRETT, LEIGH (Director)

✓ close JM

You can obtain the specific details of the lodging party by ordering a copy of the form (via information brokers or ASIC Service Centres).

Yours faithfully,

Daniel Rake
Manager, Client Services
Public Information Program

**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 | B1 Cease company officeholder | C1 Cancellation of shares |
| A2 Change of name - officeholders or members | B2 Appoint company officeholder | C2 Issue of shares |
| A3 Change - ultimate holding company | B3 Special purpose company | C3 Change to share structure |
| | | C4 Changes to the register of members |

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

Refer to guide for information about
corporate key

Company name HOBSONS BAY COMMUNITY FINANCIAL SERVICES LTD.	
ACN/ABN 39 091 661 166	Corporate key 8727 3844

Lodgement details

Who should ASIC contact if there is a query about this form?	
Name MICHAEL PERMAR	
ASIC registered agent number (if applicable) IPC	
Telephone number (0) 9369 4866	
Postal address P.O. BOX 502	
LAVERTON VIC 3028	
Total number of pages including this cover sheet 5	Please provide an estimate of the time taken to complete this form. hrs 15 mins

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 MICHAEL PERMAR	
Capacity <input type="checkbox"/> Director <input checked="" type="checkbox"/> Company secretary	
Signature 	
Date signed 23/12/05 (D) (M) (Y)	

Lodgement

Send completed and signed forms to:
Australian Securities and Investments Commission,
PO Box 4000, Gippsland Mail Centre VIC 3641.

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

For help or more information
Telephone 03 5177 3988
Email info.enquiries@asic.gov.au
Web www.asic.gov.au

B1 Cease company officeholder

Use this section to notify if a company officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased officeholder.

Role of ceased officeholder
Select one or more boxes

- ☐ Director
☐ Secretary
☐ Alternate director -- Person alternate for

Date officeholder ceased

Date of change

☐ ☐ / ☐ ☐ / ☐ ☐
[D] [D] [M] [M] [Y] [Y]

Name

The name of the ceased officeholder is

Family name

Given names

Date of birth

☐ ☐ / ☐ ☐ / ☐ ☐
[D] [D] [M] [M] [Y] [Y]

Place of birth (town/city)

(state/country)

B1 Continued... Cease another company officeholder

Use this section to notify if a company officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased officeholder.

Role of ceased officeholder
Select one or more boxes

- ☐ Director
☐ Secretary
☐ Alternate director -- Person alternate for

Date officeholder ceased

Date of change

☐ ☐ / ☐ ☐ / ☐ ☐
[D] [D] [M] [M] [Y] [Y]

Name

The name of the ceased officeholder is

Family name

Given names

Date of birth

☐ ☐ / ☐ ☐ / ☐ ☐
[D] [D] [M] [M] [Y] [Y]

Place of birth (town/city)

(state/country)

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
Select one or more boxes

- ☒ Director
- ☐ Secretary
- ☐ Alternate director

Date of appointment

Date of appointment

3 0 1 1 0 5

(D) (D) (M) (M) (Y) (Y)

Name

The name of the appointed officeholder is (provide full given names, not initials)

Family name

BOYD

Given names

Michael ALLAN

Date of birth

1 3 1 1 3 7

(D) (D) (M) (M) (Y) (Y)

Place of birth (town/city)

FOOTSCRAY

(state/country)

VIC

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

Street number and Street name

57 HUNTINGFIELD DRIVE

Suburb/City

HOPPERS CROSSING

State/Territory

VIC

Postcode

3029

Country (if not Australia)

If an 'Alternate director', for whom

The appointed 'Alternate director' is alternate for (person alternate for)

Family name

Given names

Note:

Where an Alternate director is appointed, please attach the terms of appointment to this change form. (Refer to the guide for annexure requirements)

Expiry date (if applicable)

(D) (D) (M) (M) (Y) (Y)

☐ Alternate director terms of appointment attached

AKV

2/1/06

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
Select one or more boxes

- ☒ Director
☐ Secretary
☐ Alternate director

Date of appointment

Date of appointment
3 0 / 1 1 / 0 5
[D] [D] [M] [M] [Y] [Y]

Name

The name of the appointed officeholder is (provide full given names, not initials)

Family name

Given names

QUAIL

ROBERT RAY

Date of birth

2 5 / 0 7 / 5 9
[D] [D] [M] [M] [Y] [Y]

Place of birth (town/city)

(state/country)

MARYBOROUGH

VIC

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

Street number and Street name

12 SIENNA PLACE

Suburb/City

State/Territory

POINT COOK

VIC

Postcode

Country (if not Australia)

3030

If an 'Alternate director', for whom

The appointed 'Alternate director' is alternate for (person alternate for)

Family name

Given names

Note:

Where an Alternate director is appointed, please attach the terms of appointment to this change form. (Refer to the guide for annexure requirements)

Expiry date (if applicable)

[] [] / [] [] / [] []
[D] [D] [M] [M] [Y] [Y]

☐ Alternate director terms of appointment attached

B2 Continued... Appoint another 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

Select one or more boxes

☒ Director☐ Secretary☐ Alternate director**Date of appointment**

Date of appointment

3 0 / 1 1 / 0 5
(D) (M) (Y)**Name**

The name of the appointed officeholder is (provide full given names, not initials)

Family name

BARRETT

Given names

LEIGH

Date of birth

1 2 / 1 1 / 5 6
(D) (M) (Y)

Place of birth (town/city)

IVANHOE

(state/country)

VIC

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

Street number and Street name

8 ERINDALE MEWS

Suburb/City

POINT COOK

State/Territory

VIC

Postcode

3030

Country (if not Australia)

If an 'Alternate director', for whom

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) (M) (Y)☐ Alternate director terms of appointment attached**B3 Special purpose company**

Use this section to notify if the company has commenced or ceased status as one of the special purpose company designations below.

Note: If you indicate that your company has commenced status as one of the special purpose company designations listed below, ASIC will send a declaration for you to complete and return. Special purpose company designations are defined under Regulation 3 of the Corporations (Review Fees) Regulations 2003

The change is

☐ Commence☐ Home unit company☐ Superannuation trustee company☐ For charitable purposes only☐ Cease

For new registrations, use the date of registration as the 'date of change'

Date of change

/ /
(D) (M) (Y)