

## Change to company details

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Δ1	Change	of address

B1 Cease company officeholder

Sections A, B or C may be lodged independently with this signed cover page to notify ASIC of:

C1 Cancellation of shares

A2 Change of name - officeholder or members

B2 Appoint company officeholderB3 Special purpose company

C2 Issue of sharesC3 Change to share structure

A3 Change - ultimate holding company

C4 Changes to 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	Company name		
	HOBSON'S BAY COMMUNITY FINANCIAL SERVICES LTD		
Refer to guide for information about corporate key	ACN/ABN Corporate key		
	091 661 166		
Lodgement details	Who should ASIC contact if there is a query about this form? Name		
	ASIC registered agent number (if applicable)		
	Telephone number		
	Postal address		
	Total number of pages including this cover sheet Please provide an estimate of the time taken to complete this form		
	hrs mins		
Signature This form must be signed by a c	current officeholder of the company		
is	I certify that the information in this form is true and complete		
	I certify that the information in this form is true and complete		
	I certify that the information in this form is true and complete  Name  PERNAR, MICHAEL STEPHAN		
	Name PERNAR, MICHAEL STEPHAN  Capacity  Director		
	PERNAR, MICHAEL STEPHAN  Capacity  Director  X Company secretary  Signature		
	PERNAR, MICHAEL STEPHAN  Capacity  Director  X Company secretary		

hodged 27/6/08

B1 Cease company Use this section to notify if a for each ceased officeholder.		a company officeholder. You need to notify details seperately
Role of appointed officeholder (Select one or more boxes)	X Director Secretary Alternate Director	Person alternate for
Date officeholder ceased	Date 1 0 / 0 6 / 0 8 [D D] [M M] [Y Y]	
Name	The name of the ceased officeholder is Family name QUAIL Place of birth (town/city) MARYBOROUGH  Date of birth 2 5 /0 7 /5 9 [D D] [M M] [Y Y]	Given names  ROBERT RAY  (state/country)  VIC

B2 Appoint compa	iny officenoider		
Use this section to notify ap	pointment of a company officeholder. Yo	ou need to notify details seperately for each new officeholder.	
Role of appointed officeholder Select one or more boxes	Director	officeholder.	
	Secretary		
	Alternate director		
Name	The name of the appointed officeholder is (Provide full given names, not initials)		
	Family name	Given names	
	Place of birth (town/city)	(state/country)	
	Date of birth		
ormer Name			
ormer <b>Name</b> g change by deed poll, marriage	Their previous name was (provide full give Family Name		
		Given Names	
esidential address	The residential address of the		
	The residential address of the appointed of Street number and Street name	ficeholder is	
	Suburb/City	State/Territory	
		States relationy	
	Postcode Country (if	not Australia)	
'Alternate director', for whom	The appointed 'Alternate director' is alternate	P for (name of all)	
Note: Where an Alternate director is appointed, please attach the terms of appointment to this change form. (Refer to the guide for annexure requirements)	Family Name	Given Names	
	Expiry date (if applicable)		
	[D D] [M M] [Y Y]		
	Alternate director terms of appoi	intment attached	

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  D]  [M  M]  [Y  Y]
<del>-</del>	