OFFICE USE ONLY: 1F

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
- B3 Special purpose company

- C1 Cancellation of shares
- C2 Issue of shares
- C3 Change to share structure

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 *		
Refer to guide for information about corporate key	Logan Community Financial Services Limited		
	ACN/ABN * Corporate key *		
	101 148 430		
Lodgement details	Who should ASIC contact if there is a query about this form?		
	Name		
	Alan Leslie GOUGH		
	ASIC registered agent number (if applicable)		
	Telephone number		
	07 3808 1011		
	Postal address		
	P O Box 814		
	SPRINGWOOD Qld 4127		
	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 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 Alan Leslie GOUGH Capacity		
This form must be	✓ Director		
	Company secretary		
SIGNED and	Signature		
DATED by a current	Date signed		
officeholder after it is			
PRINTED	bale signed (dd/mm/yyyy) (dd/mm/yyyy)		
Lodgement	Send completed and signed forms to: Australian Securities and Investments Commission, Telephone 03 5177 3988		

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

Web www.asic.gov.au

Change Notification Page

Please notify the changes you wish to make by selecting generate the appropriate section(s) which will appear after	at least one of the tick boxes available below. Your tickbox selections will er 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				
o notify ASIC of changes to the shares and/or members register, select the appropriate tickbox below. Please wait until the table displays showing the appropriate 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					

B1 Cease company offi	ceholder			
		der. You need to notify details separately for each ceased		
Role of ceased officeholder	✓ Director			
Select one or more boxes				
	✓ Secretary			
	Alternate director			
Date officeholder ceased	Date of change			
	13/03/2006 (dd/mm/yyyy)			
Name	The name of the ceased officeholder is			
	Family name	Given names "		
	WALLIS	Cathleen Margaret		
	Date of birth			
	30/12/1957 (dd/mm/yyyy)			
	Place of birth (town/city)	(state/country)		
	KANGAROO ISLAND	SOUTH AUSTRALIA		
B2 Appoint company of	ficeholder			
	company officeholder. You need to notify details	separately for each new officeholder.		
ose this section to houry appointment or a				
Role of appointed officeholder	Director			
Select one or more boxes	✓ Secretary			
	Alternate director			
Date of appointment	Date of appointment *			
	16/03/2006 (dd/mm/yyyy)			
Name	The name of the appointed officeholder is (provide full given names, not initials)			
	Family name *	Given names *		
	PYNOR	lan Edward		
	Date of birth			
	29/02/1948 (dd/mm/yy			
	Place of birth (town/city)	(state/country)		
	Melbourne	VICTORIA		
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 officeholder is			
	Street number and Street name			
	6/17 Rising Street			
	Suburb/City *	State/Territory		
	SHAILER PARK	Qld		
	Postcode Country (if no	ot Australia)		

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