Australian	Securities &
Investment	ts 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 ASI	C of:
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- A1 Change of address
- A2 Change of name officeholders or members
  A3 Change ultimate holding company
- B1 Cease company officeholder
- B2 Appoint company officeholder

- C1 Cancellation of shares
- C2 Issue of shares

If there is insufficient enace in any		to share structure to the register of members	
Company details	section of the form, you may photocopy the relevant page(s) and submit as pa	rt of this lodgement	
Tompany dotains	Company name  MT EVELYN & DISTRICTS FINANCIAL SERVICES LIMITED		
Refer to guide for information about corporate key	ACN / ABN Corporate 096 782 240		
Lodgement details	Who should ASIC contact if there is a query about this form?		
= .j	Name STM BUSINESS PARTNERSHIP PTY LTD		
	ASIC registered agent number (if applicable)		
	Telephone number 03 98798355		
	Postal address PO BOX 1029		
	CROYDON VIC 3136	mate of the time taken to complete	
	2 hrs	mins	
<b>Signature</b> his form must be signed by a current of	fficeholder of the company		
orginal by a dancing of	I certify that the information in this cover sheet and the attached sections of t	hin form our transmit	
. ·	Name MARGARET CALDER SANK		
	Capacity  X Director Company secretary	Alternate director	
	Signature  Transcret	· · · · · · · · · · · · · · · · · · ·	
	Date signed 30 / 10 / 2008 [D D] [M M] [Y Y Y Y]		
odgement	Send completed and signed forms to:  Australian Securities and Investments Commission,  Telepho	p or more information one 03 5177 3988	

PO Box 4000, Gippsland Mail Centre VIC 3841.

**Email** 

info.enquiries@asic.gov.au

Web

www.asic.gov.au

## **B2 Appoint company officeholder** Use this section to notify appointment of a company officeholder. You need to notify details separately for each new officeholder. X Director Role of appointed officeholder (Select one or more boxes) Secretary Alternate director Date of appointment Date of appointment 30 / 10 / 2008 [D D] [M M] [Y Y Y Y]The name of the appointed officeholder is (provide full given names, not initials) Name Given names Family name LITTLE-HALES **GARETH** Date of birth 22 / 06 / 1963 [D D] [M M] [Y Y Y Y] Place of birth (town/city) (state/country) UNITED KINGDOM SHIFNAL Former name Their previous name was (Provide full given names, not initials) Eg change by deed poll or marriage Given names Family name The residential address of the appointed officeholder is Residential address Office, unit, level Street number and Street name **26 WALNUT DRIVE** State/Territory Suburb/City VIC KILSYTH Country (if not Australia) Postcode 3137 The appointed 'Alternate director' is alternate for (person alternate for) If an 'Alternate director', for whom Note: Family name Given names Where an Alternate director is appointed, please attach the terms Expiry date (If applicable) of appointment to this change form. (Refer to the guide for annexure requirements)

ASIC Form 484
Document trace number:

Alternate director terms of appointment attached