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
- C4 Changes to the register of members

All mandatory fields will be identified with an \*.

| Company details   | Company name * Upper Yarra Community Enterprise Ltd  |   |  |  |
|---|--|---|--|--|
| Refer to guide for information about corporate key  |  |   |  |  |
|   | ACN/ABN *  | Corporate key *                                   |  |  |
|   | 090 252 627  | 44196410  |  |  |
| Lodgement details   | Who should ASIC contact if there is a query about this form?   |   |  |  |
|   | Name   |   |  |  |
|   | Michael Aicher   |   |  |  |
|   | ASIC registered agent number (if applicable)   |   |  |  |
|   | Talachana  |   |  |  |
|   |  | Telephone number                                  |  |  |
|   |  | 9497 5333   |  |  |
|   | Postal address   |   |  |  |
|   | PO Box 170   |   |  |  |
|   | Ivanhoe Vic 3079   |   |  |  |
|   | Total number of pages including this cover sheet  Please provide an estimate of the time taken to complete this following this cover sheet.  |   |  |  |
|   |  |   |  |  |
|   | hr   | rs mins   |  |  |
|   | hr   | rs mins   |  |  |
|   |  | rs mins   |  |  |
|   |  | rs mins   |  |  |
|   |  |   |  |  |
|   | iceholder of the company.  I certify that the information in this cover sheet and the attack  Name *   |   |  |  |
|   | riceholder of the company.  I certify that the information in this cover sheet and the attack Name *  Geoff Vickers  |   |  |  |
| Signature This form must be signed by a current off   | iceholder of the company.  I certify that the information in this cover sheet and the attack Name *  Geoff Vickers  Capacity *   |   |  |  |
| This form must be signed by a current off  This form must be  | iceholder of the company.  I certify that the information in this cover sheet and the attack Name *  Geoff Vickers  Capacity *  Director   |   |  |  |
| This form must be signed by a current off   | iceholder of the company.  I certify that the information in this cover sheet and the attack Name *  Geoff Vickers  Capacity *  Director  Company secretary  |   |  |  |
| This form must be signed by a current off  This form must be  SIGNED and  | iceholder of the company.  I certify that the information in this cover sheet and the attack Name *  Geoff Vickers  Capacity *  Director   |   |  |  |
| This form must be signed by a current off  This form must be  SIGNED and  DATED by a current                          | iceholder of the company.  I certify that the information in this cover sheet and the attack Name *  Geoff Vickers  Capacity *  Director  Company secretary  |   |  |  |
| This form must be signed by a current off  This form must be  SIGNED and  | iceholder of the company.  I certify that the information in this cover sheet and the attack Name *  Geoff Vickers  Capacity *  Director  Company secretary  |   |  |  |
| This form must be signed by a current off  This form must be  SIGNED and  DATED by a current officeholder after it is | Ficeholder of the company.  I certify that the information in this cover sheet and the attack Name *  Geoff Vickers  Capacity *  Director  Company secretary  Signature  Date signed   | ched sections of this form are true and complete. |  |  |
| This form must be signed by a current off  This form must be  SIGNED and  DATED by a current                          | iceholder of the company.  I certify that the information in this cover sheet and the attack Name *  Geoff Vickers  Capacity *  Director  Company secretary  Signature   | ched sections of this form are true and complete. |  |  |
| This form must be SIGNED and DATED by a current officeholder after it is PRINTED                                      | Ficeholder of the company.  I certify that the information in this cover sheet and the attack Name *  Geoff Vickers  Capacity *  Director  Company secretary  Signature  Date signed   | ched sections of this form are true and complete. |  |  |
| This form must be signed by a current off  This form must be SIGNED and DATED by a current officeholder after it is   | iceholder of the company.  I certify that the information in this cover sheet and the attack Name *  Geoff Vickers  Capacity *  Director  Company secretary  Signature  Date signed  [current date/time] 28/10/2008 (dd/mm/yyy | ched sections of this form are true and complete. |  |  |

Or lodge the form electronically by visiting the ASIC website  $\underline{www.asic.gov.au}$ 

## **Change Notification Page**

| 1 Change of address   |  |
|---|--|
| <ul> <li>2 ☐ Change a name for officeholder or members</li> <li>3 ☐ Change of ultimate holding company details</li> <li>1 ☐ Cease an officeholder</li> <li>2 ☑ Appoint an officeholder</li> <li>3 ☐ Change to special purpose company status</li> </ul> | 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 |
|   |  |
|   | bers register, select the appropriate tickbox below.  appropriate sections that you should complete.   |
|   |  |
| ase wait until the table displays showing the a   |  |
| ase wait until the table displays showing the a   |  |
| ase wait until the table displays showing the a  I Issue of shares  Cancellation of shares  |  |

| B2 Appoint company of                       | ficeholder  |   |         |  |
|---|---|---|---------|--|
| Use this section to notify appointment of a | company officeholder. You need to notify  | details separately for each new officeholder.                     |         |  |
| Role of appointed officeholder              | ✓ Director  |   |         |  |
| Select one or more boxes                    | Secretary   |   |         |  |
|   | Alternate director  |   |         |  |
| Date of appointment                         | Date of appointment *   |   |         |  |
|   | <b>27/10/2008</b> (dd/mm/yyyy)  |   |         |  |
| Name  | The name of the appointed office Family name *  | holder is (provide full given names, not initials)  Given names * | 4 - 1 - |  |
|   | Hawkins   | Sharon  |         |  |
|   | Date of birth *   |   |         |  |
|   | <b>04/04/1944</b> (dd   | /mm/yyyy)   |         |  |
|   | Place of birth (town/city)  | (state/country)   |         |  |
|   | Tyler   | Texas, USA  |         |  |
| Former name                                 | Their previous name was (provide full given names, not initials)                          |   |         |  |
| Eg change by deed poll or marriage          | Family name   | Family name Given names   |         |  |
|   | Tripp   | Sharon  |         |  |
| Residential address                         | The residential address of the appointed officeholder is  Street number and Street name * |   |         |  |
|   | 5 Douglas Pde   |   |         |  |
|   | Suburb/City * State/Territory   |   |         |  |
|   | Yarra Junction Victoria   |   |         |  |
|   | Postcode Coun   | try (if not Australia)  |         |  |
|   | 3797  |   |         |  |