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 *		
Refer to guide for information about corporate key	Upper Yarra Community Enterprise Ltd		
	ACN/ABN * Corporate key *		
	090 252 627	44196410	
Lodgement details	Who should ASIC contact if there is a query about this for	rm?	
Lougement details	Name		
	Michael Aicher		
	ASIC registered agent number (if applicable)  Telephone number		
	Postal address		
	PO Box 170		
	Ivanhoe Vic 3079		
		3	
Signature This form must be signed by a current or		mins	
	fficeholder of the company.  I certify that the information in this cover sheet and the		),
	fficeholder of the company.		),
	fficeholder of the company.  I certify that the information in this cover sheet and the Name *		·
This form must be signed by a current or	fficeholder of the company.  I certify that the information in this cover sheet and the Name *  Geoff Vickers		).
This form must be signed by a current of the sig	fficeholder of the company.  I certify that the information in this cover sheet and the Name *  Geoff Vickers  Capacity *		).
This form must be signed by a current or	fficeholder of the company.  I certify that the information in this cover sheet and the Name *  Geoff Vickers  Capacity *  Director  Company secretary		<b>.</b>
This form must be signed by a current of  This form must be  SIGNED and	fficeholder of the company.  I certify that the information in this cover sheet and the Name *  Geoff Vickers  Capacity *  Director		<b>.</b>
This form must be signed by a current of the sig	I certify that the information in this cover sheet and the Name *  Geoff Vickers  Capacity *  Director  Company secretary  Signature		<b>.</b>
This form must be signed by a current of the sig	fficeholder of the company.  I certify that the information in this cover sheet and the Name *  Geoff Vickers  Capacity *  Director  Company secretary  Signature  Date signed	attached sections of this form are true and complete	<b>).</b>
This form must be signed by a current of the sig	fficeholder of the company.  I certify that the information in this cover sheet and the Name *  Geoff Vickers  Capacity *  Director  Company secretary  Signature  Date signed		).
This form must be signed by a current of the sig	fficeholder of the company.  I certify that the information in this cover sheet and the Name *  Geoff Vickers  Capacity *  Director  Company secretary  Signature  Date signed	attached 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**

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
To notify ASIC of changes to the shares and/or memb	ers register, select the appropriate tickbox below.  propriate sections that you should complete.
C	
C Transfer of shares	
C Changes to amounts paid	
C Changes to beneficial ownership	

<b>B1</b> Cease company office			
Use this section to notify if a company office officeholder	nolder has ceased to be a company officeholder.	ou need to notify details separately for each ceased	
Role of ceased officeholder	<b>∠</b> Director		
Select one or more boxes	Secretary		
	Alternate director		
Date officeholder ceased	Date of change *		
	19/11/2008 (dd/mm/yyyy)		
Name	The name of the ceased officeholder is		
	Family name *	Given names *	
	Aulich	Catherine	
	Date of birth *		
	<b>19/08/1981</b> (dd/mm/yyyy)		
	Place of birth (town/city)	(state/country)	
	Ferntree Gully	Victoria	