

Please complete in typescript, or in bold black capitals

288b

Resignation of director or secretary

	42000					
	Company Name in full	Claridge's Hotel Limited				
* F28	8BD40 *					
Resignatio	n					
form		Day	Month	Year	1	
	Date of resignation	31	12	96		
	Resignation as director	X as secretary Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.				
Please insert details as previously notified to Companies Ho	NAME *Style / Title	Lt. C	ol. Sir		*Honours etc	K.B.G.E., M.C.
	Forename(s)	John				
	Surname use.	Johnston				
		Day	Month	Year	1	
	† Date of Birth	24	08	22		
lf ces resig						
* Voluntary details.		A servir	ng directo	r, secret	ary etc must sign t	
† Directors only. Signed			Musika	Û	Dat	e 2.1.97
		(by a servi	ng director / s	ecretary / a	administrator / administrativ	ve receiver / receiver manager / receiver
Please give the name, address telephone number and, if available, a DX number and exchange of the person Companies House should contact if there is any query		P.E. Puddefoot				
		1 Sav	oy Hill			
		LONDO	N WC2R	0BP	Tel 0171 420 24	35
		DX nun	nber		DX exchange	

Registrar of Companies at:

for companies registered in Scotland

When you have completed and signed the form please send it to the

Companies House, Crown Way, Cardiff, CF4 3UZ for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX 33050 Cardiff

DX 235 Edinburgh

Of

COMPANIES HOUSE 04/01/97
Form revised March 1995