

Please complete in typescript, or in bold black capitals

DIRECTOR

20.5.02.

20.05.02

APPOINTMENT of director or secretary (NOT for resignation (use Form 288b) or change of particulars (use Form 288c))

Company Name in full PORTEX LIMITED Day Month Year Date of appointment form Appointment form Appointment Appointment as director X as secretary NAME Notes on completion appear on reverse. NAME Notes on completion appear on reverse. Forename(s) ROMAN EDWARD Surname TRAWICKI Previous Forename(s) Previous Surname(s) Previous Surname(s) Previous Surname(s) Previous Surname(s) Previous Previous Surname(s) County / Region Country / Region Country / Region	CHFP029	^		36284		-							
Day Month Year Date of appointment form Appointment Appointment as director X as secretary NAME *Style / Title MR *Honours etc Forename(s) Surname TRAWICKI Previous Forename(s) Usual residential address Post town Please mark the appropriate box. If appointment is as a director and secretary mark both boxes. **Honours etc Previous Surname Surname Surname(s) Previous Surname(s)		Con	npany Number (30204									
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Appointment form Appointment Appointment as director X as secretary Please mark the appropriate box. If appointment is as a director and secretary mark both boxes. NAME *Style / Title MR *Honours etc Notes on completion appear on reverse. Forename(s) ROMAN EDWARD TRAWICKI Previous Forename(s) Surname Previous Surname(s)									•				
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Appointment as director X as secretary Please mark the appropriate box. If appointment is as a director and secretary mark both boxes. NAME	Annointmen	.+		0 9	0 4	2 0 0	0 2			1 10	1	9	6 3
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address Post town YORK Postcode YO19 6JN FINCLAND													
Post town YORK Postcode YO19 6JN				•									
Country Region Country	Post town		YORK				Postcode YO19 6J		JN	V			
			County / Region						Country	ENGLA	ND		

†Other directorships SMITH AND NEPHEW MEDICAL LIMITED (additional space overleaf) I consent to act as ** director / secretary of the above named company

Consent signature

†Nationality

secretary etc must sign the form below.

Signed

BRITISH

N R BURDETT, SMITHS GROUP PLC, 765 FINCHLEY ROAD, LONDON, NW11 8DS

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.



COMPANIES HOUSE

25/05/02

Form revised July 1998

Voluntary details. † Directors only.

**Delete as appropriate

> Tel 020 8458 3232 DX number DX exchange When you have completed and signed the form please send it to the

†Business occupation

Date

Date

Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX 235 Edinburgh

for companies registered in Scotland

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* · · · · · · · · · · · · · · · · · · ·	Company Number	362847
† Directors only.	† Other directorships	
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NOTES		
or secretary is a corpora	, NOT INITIALS. If the director tion or Scottish firm. Thow the ind registered or prescipal office tine.	
Give previous forename for a married woman, t known before marriage	s or surname(s) except: he name by which she was e need not be given.	
for names not used sin least 20 years	ice the age of 18 or for at	
nstead of or in addition and need not give the na	wn by a title may state the title to the forenames and surname ame by which that person was adopted the title or sinceeded	
Other directo	_	
Britain of which the pers	company incorporated in Great son concerned is a director or ny time in the past five years.	
	pany which either is, or at all e years when the person or, was	
dormant		
a parent company which making the return, or	ch wholly owned the hampany	
another wholly owned company.	subsidiary of the same parent	