

## 288a

## **APPOINTMENT** of director or secretary

| Please complete in typescript,<br>or in bold black capitals.                     |                             | (NOT for resignation (use Form change of particulars (use Form                                     |                       |  |
|--|-----------------------------|--|-----------------------|--|
| CHFP010  | Company Number              | 799451   |                       |  |
| Company Name in full   |                             | Coats Shelfco (SD) Limited   |                       |  |
|  |                             | Day Month Year   | Da                    | ay Month Year  |
| Appointment<br>form  | Date of appointment         | 0 1 0 7 2 0 0 5  | † Date of Birth       |  |
| Notes on completion appear on next page.   |                             | as secretary X   |                       | e appropriate box. If appointment is<br>d secretary mark both boxes. |
|  | NAME * Style / Title        | *  | Honours etc           |  |
|  | Forename(s)                 | Carolyn Ann  |                       |  |
| Surname Previous forename(s) Usual residential address Post town County / Region |                             | Gibson   |                       |  |
|  |                             |  | Previous surname(s)   |  |
|  |                             | 10 Hanger Hill   |                       |  |
|  |                             | Weybridge  | Postcod               | e KT13 9XR   |
|  |                             | Surrey   | Countr                | у  |
| † Nationality  |                             |  | † Business occupation |  |
| † Other directorships<br>(additional space next page)  Consent signature         |                             |  |                       |  |
|  |                             | I consent to act as **_director / secretary of the above named company                             |                       |  |
|  |                             | Caudil Sibson Date   |                       | ie 4-1-2005  |
| * Voluntary details.   |                             | A director, secretary etc must sign the form below.  |                       |  |
| † Directors only.<br>** Please delete as a                                       | ppropriate<br><b>Signed</b> | Sittedine  | Dat                   | e (3/)/05  |
|  |                             | (**a director / secretary / administrator / administrative receiver / receiver manager / receiver) |                       |  |
| Please give the name, address, telephone   |                             | Cognetariat Coate pla  | 1 The Court           | on Staaklay Bank   |

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.

Secretariat, Coats plc, 1 The Square, Stockley Park,

Uxbridge, Middlesex, UB11 1TD

Tel

DX number

DX exchange



COMPANIES HOUSE

When you have completed and signed the form please send it to the Registrar of Companies at:

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

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Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

DX 33050 Cardiff