

Please complete in typescript, or in bold black capitals

288a **APPOINTMENT** of director or secretary (NOT for resignation (use Form 288b) or change

| | (| | | | _ | | - | | | • | ,,,a,,g | • |
|---|------------------------------|---|--|---------|---------------|------------------------------------|-------------|------------|-------------------------|-------------------------|----------------------|-------------|
| CHFP029 | Compony Nombon | 90523 | | oi þ | Jarti ——- | culdi | 15 (U | 26 LC | rm 28 | 00 <i>C))</i> | | |
| Company Number | | | | | | | | | | | | |
| | | | Nurofen Limited | | | | | | | | | |
| | | | | · | | <u>-</u> - | | | | | | |
| | Date of | | Month | | Year | | † [| Date of | Day | Month | Year | |
| Appointmen | appointment | 2 0 | 0 4 | 2 | 0 0 | 0 | B | Birth | | | 1 | |
| form | Appointment as director | or as secretary X Please mark the app | | | | | | | | | | |
| Notes on completion | NAME *Style / Title | MS *Honours etc | | | | | | | | | | |
| appear on reverse. | Forename(s) | | | | | | | | | | | |
| | Surname | | | | | | | | | | | |
| Previous Forename(s) | | | Previous Surname(s) | | | | | | | | | |
| | Usual residential address | | | | | | | | | | | |
| Post town County / Region †Nationality †Other directorships (additional space overleaf) Consent signature | | | NOTTINGHAM | | | | | | ostcode | NG12 5 | PD | |
| | | | | | | | | | Country | | | |
| | | | †Business od | | | | | | cupation | | | |
| | | | | | | | | | | | | |
| | | | consent to act as ** director / secretary of the above named company | | | | | | | | | |
| | | | Spurer | | | | | | | 25 | 4100 | <u>)·</u> |
| * Voluntary details. † Directors only. | | A dire | etor, se | ecret | ary et | c mus | t sign t | the form | n below ົ | 1. | | |
| **Delete as appropriate | Signed | (** a director / sogretary / administrator / administrative re | | | | | | Date | 26/4 | 100 | <u>-</u> . | |
| | | (** a dire | ctor/segs | olary / | administ O | r ator / adr | ninistratív | e receiver | / receiver n | tanager / re | ceciver) | |
| Please give the name, address, telephone number and, if available, | | | SONIA FENNELL, THE BOOTS COMPANY PLC, GROUP HEADQUARTERS, NOTTINGHAM NG2 3AA | | | | | | | | | |
| a DX number and Exchange of the person Companies House should | | | | | | | | 011E 000 | | | | |
| | | | Tel 0115-968 7094 DX number 712061 DX exchange BEESTON 2 | | | | | | | | | |
| | ₩ III W III W III W III | When you have completed and signed the form please send it to the | | | | | | | | | | |

Companies House, Crown Way, Cardiff, CF4 3UZ

for companies registered in Scotland

for companies registered in England and Wales or

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

DX 33050 Cardiff

DX 235 Edinburgh

Form revised July 1998

COMPANIES HOUSE

09/05/00 28/04/00

| | Company Number | 905237 |
|-------------------|----------------------------------|--------|
| † Directors only. | [†] Other directorships | , |
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| | | |

NOTES

Show the full forenames, NOT INITIALS. If the director or secretary is a corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential line.

Give previous forenames or surname(s) except:

- for a married woman, the name by which she was known before marriage need not be given.
- for names not used since the age of 18 or for at least 20 years

A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was known before he or she adopted the title or succeeded to it.

Other directorships.

Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.

You may exclude a company which either is, or at all times during the past five years when the person concerned was a director, was

- dormant
- a parent company which wholly owned the company making the return, or
- another wholly owned subsidiary of the same parent company.