

Please complete in typescript, or in bold black capitals. CHFP000

49(8)(a)

DX 235 Edinburgh

Members' assent to company being re-registered as unlimited

Company Number	1595222	
Company Name in full	MODAL CAPITAL PARINERS LIMITED	
	We, being all the members of the company, assent to the company being re-registered as unlimited	
Member's name in full	CREDIT SUISSE FIRST BOSTON (UK) INVESTMENTS	
Address	ONE CABOT SQUARE	
Post town	LONPON	
County / Region	Postcode [E14 44].	
Signature of member (or person lawfully authorised to sign on the member's behalf)	Date 12/11/02.	
Member's name in full		
Address		
Post town		
County / Region	Postcode	
Signature of member (or person lawfully authorised to sign on the member's behalf)	Date	
	Please enter in the box opposite the number of continuation sheets attached	
Please give the name, address, telephone number and, if available,	MARK CLEIAMD, ONE CABUT SQUARE,	
a DX number and Exchange of	LONDON	
c <u>(1911) </u>	Tel 020 7883 5393	
	DX number DX exchange	
COMPANIES HOUSE 25/01/03 A11 0666 COMPANIES HOUSE 13/12/02	When you have completed and signed the form please send it to the Registrar of Companies at:	
A32 **AQZ3YFYD** 0527 COMPANIES HOUSE 16/11/02	Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales or	
Form revised July 1998	Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB	

for companies registered in Scotland



Companies House

--- for the record ----

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CHFP000

continuation sheet No Form Number 49(8)(a)

Members' assent to company being re-registered as unlimited (continuation)

Company Number		
Company Name in full		· · · · · · · · · · · · · · · · · · ·
	We, being all the members of the company, asser re-registered as unlimited	nt to the company being
Member's name in full		}
Address	,	
Post town		
County / Region	Postcode)
Signature of member (or person lawfully authorised to sign on the member's behalf)	Date	
Member's name in full		
Address		
Post town		
County / Region	Postcode	
Signature of member (or person lawfully authorised to sign on the member's behalf)	Date	
Member's name in full		
Address		
Post town		
County / Region	Postcode	
Signature of member (or person lawfully authorised to sign on the member's behalf)	Date	
Member's name in full		
Address		
Post town		
County / Region	Postcode	
Signature of member (or person lawfully authorised to sign on the member's behalf)	Date	