

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

288a

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

| CHFP000 | | of particulars (use Form 288c)) | | |
|--|--|--|------------------|---|
| Company Number | | 1659656 | | |
| Company Name in full | | UNIVERSITY OF WARWICK SCIENCE PARK LIMITED | | |
| , | | | | |
| | Date of appointment | Day Month Year 0 1 0 8 2 0 0 1 Birth | n 0 9 | 9 0 8 1 9 4 2 |
| Appointment / form | Appointment as director | X as secretary | | e appropriate box, If appointment is nd secretary mark both boxes. |
| Notes on completion | AME *Style / Title | PROFESSOR *Honours etc | | |
| appear on reverse. | Forename(s) | VERNON DAVID | | |
| | Surname | VANDELINDE | | |
| | Previous [Forename(s) | Prev Surnam | ŀ | |
| Usuai residential address | | CRYFIELD OLD FARMHOUSE, UNIVERSITY OF WARWICK | | |
| Post town | | COVENTRY | Postcode | CV4 7AL |
| County / Region †Nationality | | WEST MIDLANDS | Country | UNITED KINGDOM |
| | | AMERICAN †Business oc | ccupation U | NIVERSITY ICE CHANCELLOR |
| †Other directorships (additional space overleaf) | | BRITISH INSTITUTE FOR RHEAUMATIC DISEASES | | |
| | | I consent to act as ** director / secretary of the above named company | | |
| Consent signature Voluntary details. | | Vok just " Way the | Date | 20/19/10/ |
| † Directors only. **Delete as appropriate | | A director, secretary etc must sign the form below. | | |
| g oloto do appropriato | Signed | Kitmen v | Date | 27/ 20/1 |
| • | | (**a director/ secretary / administrative | receiver / recei | ver-manager / roceiver) |
| Please give the i | name, address, | GEOFF WOLFE. FINANCE & ADMINISTRATION MANAGER, UNIVERSITY OF WARWICK | | |
| telephone number a DX number an | nber and, if available, r and Exchange of | SCIENCE PARK, BARCLAYS VENTURE CENTRE, SIR WILLIAM LYONS ROAD, | | |
| the person Compan contact if there is an | | COVENTRY, CV4 7EZ Tel 024 76323005 | | |
| | | DX number DX exchange | | |

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

Companies House, Crown Way, Cardiff, CF14 3UZ

DX 33050 0

Companies House, Crown Way, Cardiff, CF14 3UZ
for companies registered in England and Wales
Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB
for companies registered in Scotland

DX 33050 Cardiff

or

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

for companies registered in Scotland

DX 235 Edinburgh

Form revised July 1998

COMPANIES HOUSE

05/09/01

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Company Number 1659656 **TOther directorships** RADIO BATH LIMITED BATH INSTITUTE OF MEDICAL ENGINEERING LIMITED UNIVERSITY OF WARWICK SCIENCE PARK FOUNDATION UNIVERSITY OF WARWICK SCIENCE PARK INNOVATION CENTRE LIMITED UNIVERSITY OF WARWICK SCIENCE PARK BUSINESS INNOVATION

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.

CENTRE LIMITED

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.