

Change of director or secretary or change of particulars.

This form should be completed in black.

| | Company number | CN 1982084 | | | |
|--|--------------------------|--|--|--|--|
| Company name | | ELSEVIER SCIENCE LIMITED | | | |
| | company name | | | | |
| | | | | | |
| Appointment | | Day Month Year | | | |
| (Turn over page for resignation and change of | Date of appointment | DA 26 019 915 | | | |
| particulars). | Appointment of director | CD X Please mark the appropriate box. ☐ If appointment is as a director and | | | |
| NOTES Show the full forenames. NOT INITIALS. If the director or secretary is a corporation or Scottish firm, show the name on | Appointment of secretary | cs secretary mark both boxes. | | | |
| | Name *Style/Title | | | | |
| | Forenames | PETER HOMAS | | | |
| | Surname | SHEPHERD | | | |
| surname line and registered or | *Honours | | | | |
| principal office on the usual residential address line. | Previous forenames | | | | |
| Give previous | Previous surname | | | | |
| forenames or surname except: | Usual Residential | AD | | | |
| for a married woman the name before marriage | Address | 32 FAIRACRES ROAD | | | |
| need not be given for names not | Post town | OXFORD | | | |
| 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. | County/Region | OXOM | | | |
| | Postcode | OX 4 1 TF Country V.K. | | | |
| | Date of birth¥ | DO 1 9 1 2 5 3 Nationality NA BRITISH | | | |
| Other directorships Give the name of eve | | OC PUBLISHING DIRECTOR | | | |
| company incorporate in Great Britain of | Other | | | | |
| which the person concerned is a direct or has been a directo | | | | | |
| at any time in the pa 5 years. Exclude a | st | | | | |
| company which either is, or at all times | | | | | |
| during the past 5 yea when the person wa director, was | | I consent to act as director/secretary of the above named company. | | | |
| dormant a parent company | | , | | | |
| which wholly owned the company making | | | | | |
| the return - a wholly owned subsidiary of the | | | | | |
| company making the return | Odilodiik | Proma = allala= | | | |
| - another wholly owned subsidiary of | signature | Signed 1 22 Date 16 9 95 | | | |
| the same parent company. | | A serving director, secretary must also sign this form on next page. | | | |

| Designation | | | |
|--|--|--|--|
| Resignation (This includes | | | |
| any form of Date of resignation etc | DR | | |
| hold office Resignation etc, | XD Please mark the appropriate box. | | |
| removal from | If resignation etc is as a director and | | |
| office). Resignation etc., as secretary | XS Secretary mark boor boxes. | | |
| Forenames | | | |
| Surname | | | |
| Date of birth (directors only) | DO 1 1 1 | | |
| | | | |
| If cessation is other than resignation, please state reason | | | |
| (eg death) | | | |
| Change of particulars | | | |
| (this section is not for appointments or resignations). Date of change | DC 1 | | |
| Complete this of particulars section in all | | | |
| cases where Change of particulars, particulars have as director | ZD Please mark the appropriate box. | | |
| changed and then the Change of particulars, | If change of particulars is as a director and secretary mark both boxes. If change of particulars is as a director and secretary mark both boxes. | | |
| appropriate as secretary sections below. | | | |
| Forenames Name previously | | | |
| Surname | | | |
| Date of birth (directors only) | DO | | |
| Change of name Forenames | [NN] | | |
| (enter new name) | | | |
| Surname | | | |
| Change of usual residential | [AD] | | |
| address (enter new address) | | | |
| Post town | | | |
| County/Region | | | |
| Postcode | Country | | |
| | | | |
| Other change (Please specify) | | | |
| | A serving director, secretary etc must sign the form below. | | |
| | | | |
| | | | |
| | OON | | |
| | - Chair | | |
| | For and on behalf of | | |
| Signature | Signed MAWLAW SECRETARIES LTD 6(10)95 | | |
| | (By a serving director / secretary / administrator / administrative | | |
| | rec eiver / receiver). (Delete as appropriate) | | |
| | Companies House, Crown Way, Cardiff CF4 3UZ | | |
| After signing, please return the form to the Registrar of or | for companies registered in England and Wales | | |
| Companies at | Companies House, 100-102 George Street, Edinburgh EH2 3DJ for companies registered in Scotland. | | |
| | ioi companies registered in occuand. | | |
| | ROLSS | | |
| To whom should Companies | 20, BLACK FRIARS LANE, | | |
| House direct any enquiries about | LONDON EC4V 6HD | | |
| the information on this form? | | | |
| coact | Postcode | | |
| Company Secretarial and Compliance Software | Telephone | | |

LIST OF OTHER DIRECTORSHIPS

| Company Number | | | | | |
|----------------|---------------------------------------|-------------|--------------|--|--|
| Company Name | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| Name & Address | Appointment | Resignation | Company Name | | |
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