

Please complete in typescript, or in bold black capitals

Form revised March 1995

## 288a

## Appointment of director or secretary

|  | -                                 |  |  |   |      |     |     |    |     |      |                  |                            |                |        |  |
|--|-----------------------------------|--|--|---|------|-----|-----|----|-----|------|------------------|----------------------------|----------------|--------|--|
| Company Number   |                                   |  |  | 2229322   |      |     |     |    |     |      |                  |                            |                |        |  |
| Company Name in full   |                                   |  |  | SCHLUMBERGER TRUST COMPANY LIMITED                              |      |     |     |    |     |      |                  |                            |                |        |  |
| Dat  |                                   |  | e of [   | Day   |      | nth | Yea |    | +5. |      |                  | Day N                      | <b>/</b> Ionth | Year   |  |
|  | 8AD40                             | ent 30 04 96 † Date of Birth   |  |   |      |     |     |    |     |      |                  |                            |                |        |  |
| Appointment form   | Appoin                            | as secretary X Please mark the appropriate box. If appointment is as a director and secretary mark both boxes. |  |   |      |     |     |    |     |      |                  |                            |                |        |  |
| Notes on completi<br>appear on reverse   | NAME<br>on                        | MR *Honours etc  |  |   |      |     |     |    |     |      |                  |                            |                |        |  |
|  |                                   | NEIL   |  |   |      |     |     |    |     |      |                  |                            |                |        |  |
|  |                                   | RAY  |  |   |      |     |     |    |     |      |                  |                            |                |        |  |
|  | Previous<br>Surname(s)            |  |  |   |      |     |     |    |     |      |                  |                            |                |        |  |
|  | 103 DEFOE HOUSE, BARBICAN         |  |  |   |      |     |     |    |     |      |                  |                            |                |        |  |
| Post town  County / Region  † Nationality  † Other directorships (additional space overleaf) |                                   |  |  | LONDON  |      |     |     |    |     | Post | ostcode EC2Y 8DN |                            |                |        |  |
|  |                                   |  |  |   |      |     |     |    |     |      | untry ENGLAND    |                            |                |        |  |
|  |                                   |  |  | BRITISH † Business occupation CHARTERED                         |      |     |     |    |     |      |                  |                            | ACCO           | UNTANT |  |
|  |                                   |  |  |   |      |     |     |    |     |      |                  |                            |                |        |  |
|  |                                   |  |  | I consent to act as ** o\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\ |      |     |     |    |     |      |                  | of the above named company |                |        |  |
| Consent signature  |                                   |  | Neu Ray  |   |      |     |     |    | Da  | te 3 | 30-4-96          |                            |                |        |  |
| * Voluntary details.   |                                   |  | A director, secretary etc must sign the form below.  |   |      |     |     |    |     |      |                  |                            |                |        |  |
| T Directors only.  |                                   | Signed   | 1  | F.—   | 1. ( | M   | e   | ,  |     | Da   |                  | 30 -4                      |                | ,      |  |
| ** Please delete as a  | • •                               | ſ  | (**a director / secretary / administrator / administrative receiver / receiver manager / receiver)  COMPANY SECRETARIAL DEPT.  |   |      |     |     |    |     |      |                  |                            |                |        |  |
| telephone number a DX number a   |                                   | f available,   | 35 ST THOMAS STREET  |   |      |     |     |    |     |      |                  |                            |                |        |  |
| the person Concontact if there   | npanies H                         | use should   | LOND   | ON SE   | 1 9S | N   | Te  | el |     |      |                  |                            |                |        |  |
|  |                                   | DX number DX exchange  |  |   |      |     |     |    |     |      |                  |                            |                |        |  |
| A19 *  | ALC8ML9V* 351<br>S HOUSE 04/05/96 | /* <u>351</u>  | When you have completed and signed the form please send it to the Registrar of Companies at:  Companies House, Crown Way, Cardiff, CF4 3UZ  DX 33050 Cardiff for companies registered in England and Wales  Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB |   |      |     |     |    |     |      |                  |                            |                |        |  |

for companies registered in Scotland

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

DX 235 Edinburgh