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BLUEPRIN I Company Secretary			CHANG										
Please complete in t or in bold black capi			director ((use Fo									b))	
CHFP055	Compan	y Number	262	90.	5	2							
Company Name in full			SUPERFROST LID										
	E Complete i		Date of ch	nange	of pa	rticular		Pay	Month O 3		Year	1	
Changes of particulars		*Style / Title	<u></u>					*Ho	אוונט	etc			
form		Forename(s)											
,,,,,,	'	GLYNVVE	ED GR	KOUP	SERVI	ICES I	LIMII	ובט					
		Surname											
	-	†Date of Birth		onth	1 9	Year	7						· <u> </u>
Change of name	(enter new name)	Forename(s)	AFG CO	RPOR	SATE	SERVI	ICES L	_IMIT	LED		. 	 -	 -
		Surname	,										
Change of usual residential address													===
(enter new address)													
		Post town											
	С	ounty / Region	ļ		====				Posto	ode			
		Country	<u></u>	====	===								
Other change	(please specify)											
			A serving	direc	tor, s	ecretar	y etc m	nust:	sign th	ne form	below.		
* Voluntary details. † Directors only.		Signed		<u>~~</u>	-√ <u>-</u>	<u></u>				Date	30	3/5/0	<u> </u>
Please give the telephone num a DX number a the person Corcontact if there	GROUP S GROUP S AGA FOO HEADLAN NEW COV SHELDON BIRMINGI B26 3AZ TEL: 0121	ECRET DSERV ND HOU /ENTR\ N HAM	TARY /ICE G ISE Y ROA	ROUP PL		admin	istrativo (r eceiver / r	cociver 11	ranager / re	ceiver)		

When you have completed and signed the form please send it to Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardif for companies registered in England and Wales or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

Form revised July 1998

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