

288a

APPOINTMENT of director or secretary

Please complete in typescript, or in bold black capitals.		(NOT for resignation (use For change of particulars (use Fo					
CHFP010	Company Number	2739846					
Company Name in full		CABLE STREET LIMITED					
		Day Month Year		Day	Month	Year	
Appointment form	Date of appointment	3 0 0 1 2 0 0 9	† Date o	of 2 , 8		1 9 5 9	
Notes on completion appear on next page.		x as secretary	as secretary Please mark the appropriate box. If appointment as a director and secretary mark both boxes.				
	NAME * Style / Title		* Honours etc				
	Forename(s)	Maurice DeLon					
	Surname	Jones					
	Previous forename(s)	Previous surname(s)					
Usual residential address		1650 Westbury Court					
Post town		Manitowoc		Postcode 54220			
County / Region		Wisconsin		Country USA			
† Nationality		American	† Business occupation Company I		npany Di	rector	
† Other directorships (additional space next page) Consent signature		See attached schedule					
		I consent to act as ** director / secretary of the above named company					
		Maurico Spr	es	Date	201	02/2009	
Voluntary details. † Directors only.		A director, secretary etc must sign the form below.					
* Please delete as a	ppropriate Signed	1965MB		Date	2010	. Poaslsc	
	• • •	(**a director / secretary / administrator /	/ administration	receiver	-/ receiver m	anager-/-receiver)	
Please give the name, address, telephone							

number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

thePlace, 175 High Holborn, London, WC1V 7AA, United Kingdom Tel DX number 020 DX exchange 7304 6000

24/02/2009 A35 COMPANIES HOUSE

When you have completed and signed the form please send it to the Registrar of Companies at: DX 33050 Cardiff

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 235 Edinburgh