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Please complete in typescript, or in bold black capitals.

Resignation of director or secretary

	Company Number mpany Name in full B 0 1 9 **	3**************************************
Resignation form	Date of resignation Resignation as director	Day Month Year 3 7 90 as secretary Please mark the appropriate box. If resignation is as a director and corretory medicate between
	NAME *Style / Title Forename(s)	*Honours etc
	†Date of Birth ion is other than on, please state reason	AREA COMPANY SERVICES LIMITED Day Month Year
, 5	on, produce date readen	A serving director, secretary etc must sign the form below.
* Voluntary details. † Directors only.	Signed	(by a serving director / secretary / administrator / administrative receiver / receiver manager / 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.		APEX CC MPANY SERVICES 1 TO 460 CYOLY LANE IS P TO MID-AL VY7 5NO Tel. 081 Joel 6785 Fax 081 569 4886
AZI *ABEGZ COMPANIES HOU	de N04* 206 SE 06/07/96 h 1995	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, CF4 3UZ DX 33050 Cardiff for companies registered in England and Wales or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh