

Please complete in typescript, or in bold black capitals

## 288a

## Appointment of director or secretary

|                                                                                                                                                                  | Com        | pany <b>N</b> umber | 3266                                                                                                                                                                                                                                                                                                                       | 3491  | -        |           | <u>.</u>                   |                            |                            |                             |        |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|-----------|----------------------------|----------------------------|----------------------------|-----------------------------|--------|--|--|
|                                                                                                                                                                  | 7 7 7 7 7  | ,,                  | 0200                                                                                                                                                                                                                                                                                                                       |       |          |           |                            |                            |                            |                             |        |  |  |
| Company Name in full                                                                                                                                             |            |                     | UKCL LIMITED                                                                                                                                                                                                                                                                                                               |       |          |           |                            |                            |                            |                             |        |  |  |
|                                                                                                                                                                  |            |                     |                                                                                                                                                                                                                                                                                                                            |       |          |           |                            |                            |                            |                             |        |  |  |
|                                                                                                                                                                  |            |                     | e of [                                                                                                                                                                                                                                                                                                                     | Day   | Month    | Year      |                            |                            | Day                        | Month                       | Year   |  |  |
| _                                                                                                                                                                | 8AD40 *    | appointm            | I .                                                                                                                                                                                                                                                                                                                        | 13    | 11       | 97        | T Date                     | e of Birth                 | 18                         | 09                          | 61     |  |  |
| Appointment form  Appointment as dire                                                                                                                            |            |                     | Χ                                                                                                                                                                                                                                                                                                                          | as se | ecretary |           | Please mar<br>as a directo | k the appro<br>or and secr | opriate box.<br>etary mark | If appointme<br>both boxes. | ent is |  |  |
| Notes on completic<br>appear on reverse.                                                                                                                         | NAME<br>n  | *Style / Title      | MR                                                                                                                                                                                                                                                                                                                         |       |          |           | *Honou                     | rs etc                     |                            |                             |        |  |  |
|                                                                                                                                                                  |            | Forename(s)         | (s) GARY                                                                                                                                                                                                                                                                                                                   |       |          |           |                            |                            |                            |                             |        |  |  |
|                                                                                                                                                                  |            | Surname             | ne SPEAKMAN                                                                                                                                                                                                                                                                                                                |       |          |           |                            |                            |                            |                             |        |  |  |
| Previous Forename(s)  Usual residential address  Post town  County / Region  † Nationality  † Other directorships (additional space overleaf)  Consent signature |            |                     | Previous<br>Surname(s)                                                                                                                                                                                                                                                                                                     |       |          |           |                            |                            |                            |                             |        |  |  |
|                                                                                                                                                                  |            |                     | 77a WIGAN ROAD, STANDISH                                                                                                                                                                                                                                                                                                   |       |          |           |                            |                            |                            |                             |        |  |  |
|                                                                                                                                                                  |            |                     | NR WIGAN Postcode WN6 0BE                                                                                                                                                                                                                                                                                                  |       |          |           |                            |                            |                            |                             |        |  |  |
|                                                                                                                                                                  |            |                     | LANCASHIRE Country ENGLAND                                                                                                                                                                                                                                                                                                 |       |          |           |                            |                            |                            |                             |        |  |  |
|                                                                                                                                                                  |            |                     | BRITISH † Business occupation   ACCOUNTANT                                                                                                                                                                                                                                                                                 |       |          |           |                            |                            |                            |                             |        |  |  |
|                                                                                                                                                                  |            |                     | See Attached Sheet                                                                                                                                                                                                                                                                                                         |       |          |           |                            |                            |                            |                             |        |  |  |
|                                                                                                                                                                  |            |                     | I consent to act as ** director / 💥 💥 of the above named company                                                                                                                                                                                                                                                           |       |          |           |                            |                            |                            |                             |        |  |  |
|                                                                                                                                                                  |            |                     |                                                                                                                                                                                                                                                                                                                            |       | <u>:</u> | $\sum$    |                            | Date                       | 1 Je                       | Conber                      | 1997   |  |  |
| Voluntary details.                                                                                                                                               |            |                     | A director, secretary etc must sign the form below.                                                                                                                                                                                                                                                                        |       |          |           |                            |                            |                            |                             |        |  |  |
| † Directors only.                                                                                                                                                |            | Signed              |                                                                                                                                                                                                                                                                                                                            |       | lm.      |           | س                          | Date                       | <b>K.1</b> 0               | CT 199                      | 7      |  |  |
| ** Please delete as a                                                                                                                                            | ppropriate |                     |                                                                                                                                                                                                                                                                                                                            |       |          | nistrator | / administrati             | ve receiver /              | receiver ma                | nager / receive             | er)    |  |  |
| Please give the telephone number                                                                                                                                 | •          | ΕA                  | FARREI                                                                                                                                                                                                                                                                                                                     | _LY   |          |           |                            |                            |                            |                             |        |  |  |
| a DX number a                                                                                                                                                    | nd Exchan  | ge of               | 100 OLD HALL STREET  LIVERPOOL L70 1AB Tel 0151 235 2661                                                                                                                                                                                                                                                                   |       |          |           |                            |                            |                            |                             |        |  |  |
| the person Con<br>contact if there                                                                                                                               |            |                     |                                                                                                                                                                                                                                                                                                                            |       |          |           |                            |                            |                            |                             |        |  |  |
| A19 *AG2NU1W6* 584                                                                                                                                               |            |                     | 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 |       |          |           |                            |                            |                            |                             |        |  |  |

| <b>*</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                    |                               |
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| Directors only.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | † Other directorships                                                                                                              | LITTLEWOODS LOTTERIES LIMITED |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                    |                               |
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| NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                    |                               |
| r secretary is a corpora                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | s, NOT INITIALS. If the director ation or Scottish firm, show the nd registered or principal office line.                          |                               |
| for a married woman,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s or surname(s) except:<br>the name by which she was                                                                               |                               |
| known before marriage need not be given.<br>for names not used since the age of 18 or for at<br>east 20 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                    |                               |
| peer or individual know<br>stead of or in addition<br>ad need not give the na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | on by a title may state the title<br>to the forenames and surname<br>ame by which that person was<br>adopted the title or preceded |                               |
| it.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •                                                                                                                                  |                               |
| Other directorshi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •                                                                                                                                  |                               |
| ritain of which the pers<br>as been a director at a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | company incorporated in Great<br>son concerned is a director or<br>ny time in the past five years.                                 |                               |
| mes during the past fivence oncerned was a director once on the contract of th | pany which either is, or at all<br>ve years when the person<br>or, was                                                             |                               |
| dormant<br>a parent company wh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ich wholly owned the company                                                                                                       |                               |
| making the return, or<br>another wholly owned<br>company.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | d subsidiary of the same parent                                                                                                    |                               |
| сопрану.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                    |                               |
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