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**DY 235** Edinburah

Please complete in typescript, or in bold black capitals.

Resignation of director or secretary

	Company Number	3316388
Cor * F 2 8 8 E	mpany Name in full	MOTIONLOGIC LIMITED
	Date of resignation  Resignation as director  NAME *Style / Title	Day Month Year  18 03 97  as secretary X Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.  *Honours etc
	Forename(s)  Surname  †Date of Birth  on is other than  on, please state reason	TENOMINEES TWO LIMITED  Day Month Year
<ul> <li>Voluntary details.</li> <li>† Directors only.</li> </ul>	Signed	A serving director, secretary etc must sign the form below.  Date /8/3/7  (by a serving director / secretary / administrator / administrative receiver / receiver manager / receiver)
Please give the telephone number a DX number ar the person Compar contact if there is an	name, address, and, if available, nd Exchange of nies House should	INCORPORATION SERVICES LIMITED  I SAVILLE CHAMBERS, NORTH STREET, NEWCASTLE LIPEN TYNE  NEI 80F Tel 0191 - 261 5545