

Please complete in typescript, or in bold black capitals.

Form revised March 1995

288b

Resignation of director or secretary

	Company Number	3476432
Company Name in full F 2 8 8 B 0 1 9 ×		THE ACTIVE LEARNING GROUP LIMITED
Resignation form	Date of resignation Resignation as director	Day Month Year O (O (S &) As secretary X Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
Please insert details as previously notified to Companies Hous	NAME *Style / Title	LIMITED COMPANY *Honours etc
	Forename(s)	
	Surname e.	L & A SECRETARIAL LIMITED
	[†] Date of Birth ation is other than tion, please state reason	Day Month Year
	Signed	A serving director, secretary etc must sign the form below.
* Voluntary details. † Directors only.		(by a serving director / secretary / administrator / administrative receiver / receiver manager / receiver)
telephone number a DX number the person Com	e name, address, er and, if available, and Exchange of panies House should	SHAUN O'HARA OUSENRAND HAU OUSENRAND CROWER NRZFOTT
contact if there is		Tel 01263 575777 DX number DX exchange

Registrar of Companies at:

When you have completed and signed the form please send it to the

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX 33050 Cardiff

DX 235 Edinburgh

Companies House, Crown Way, Cardiff, CF4 3UZ

for companies registered in England and Wales

for companies registered in Scotland