

Please complete in typescript,

APPOINTMENT of director or secretary

| or in bold black capitals | | (NOT | | | | | (use i irs (us | | | b) or (88c)) | cha | ınge |) | | |
|--|-------------------------|--|--|-------|-------------------|---|-------------------|--------|------------------|--------------------|------------|---------|--------------|--|--|
| CHFP029 | | , | | | | | | | | | | | | | |
| Company Number | | | 109 | | | | | | | | | | | | |
| Company Name in full | | | AGRA EUROPEAN HOLDINGS LIMITED | | | | | | | | | | | | |
| | | l | | | | | | | | • • | | | | | |
| | Date of | Day | Month | | Ye | | 1 †D | ate of | Day | Month | | Yea | | | |
| Appointmen | appointment | | 0 4 | 2 | 0 (| 0 0 | | lirth | 1 1 | 0 2 | 1 | 9 4 | 1 9 | | |
| form | Appointment as director | Х | X as secretary Please mark the appropriate as a director and secretary m | | | | | | | | | | | | |
| Notes on completion | NAME *Style / Title | *Honours etc | | | | | | | | | | | | | |
| appear on reverse. | Forename(s) | S) DENNIS JOSEPH | | | | | | | | | | | | | |
| | Surname | GALANGE | | | | | | | | | | | | | |
| | | Previous Surname(s) | | | | | | | | | | | | | |
| | 299 DALEWOOD DRIVE | | | | | | | | | | | | | | |
| Post town County / Region | | | OAKVILLE | | | | | | Postcode L6J 4P4 | | | | | | |
| | | | ONTARIO | | | | | | | y CANADA | | | | | |
| †Nationality | | | CANADA †Business occupation | | | | | | | BUSINESS EXECUTIVE | | | | | |
| †Other directorships (additional space overleaf) | | | | | | | | | | | | | | | |
| Consent signature | | | ent to a | act a | S ** | | | | ŗ | above n | arme 71 | d cor | npany | | |
| | | | A director, secretary etc must sign the form below. | | | | | | | | A. | MIN | 39/20 | | |
| * Voluntary details. † Directors only. **Delete as appropriat | te Cianad | A direc | ctor, se | creti | a ry e | tc mu: | st sign : | | | N. | 0/ | <i></i> | | | |
| Signed Signed | | | Cogn | ne | · | <u>, </u> | <u> </u> | | Date | 27/ | <u>*/</u> | 100 | ν | | |
| Please give the name, address, telephone number and, if available, a DX number and Exchange of | | (** a director / secretary / administrator / administrative receiver / receiver manager / receiver) STUART CHATFIELD, BAKER & MCKENZIE, 100 NEW BRIDGE STREET, LONDON, EC4V 6JA | | | | | | | | | | | | | |
| | | S. S. H. STREET, D. M. H. M. | | | | | | | | | | | | | |
| | npanies House should | Tel 020 7919 1000 | | | | | | | | | | | | | |
| | | | DX number ²³³ DX exchange ^{CHANCERY} LANE | | | | | | | | | | | | |

COMPANIES HOUSE

Form revised July 1998

05/09/00

in you have completed and signed the form please send it to the strar of Companies at:

panies House, Crown Way, Cardiff, CF4 3UZ companies registered in England and Wales or panies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX 33050 Cardiff

DX 235 Edinburgh

companies registered in Scotland

| , Company Numb | er 3571109 |
|---|--|
| † Directors only. † Other directors | ips |
| | |
| | |
| NOTES | |
| Show the full forenames, NOT INITIALS. If the direct or secretary is a corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential line. | |
| Give previous forenames or surname(s) except: for a married woman, the name by which she was known before marriage need not be given. | |
| for names not used since the age of 18 or for at least 20 years | The state of the s |
| A peer or individual known by a title may state the tit nstead of or in addition to the forenames and surnam and need not give the name by which that person wa known before he or she adopted the title or succeede to it. | |
| Other directorships. | |
| Give the name of every company incorporated in Grea Britain of which the person concerned is a director or has been a director at any time in the past five years. | |
| You may exclude a company which either is, or at all times during the past five years when the person concerned was a director, was | |
| - dormant | |
| a parent company which wholly owned the compan making the return, or | |
| another wholly owned subsidiary of the same paren company. | |
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