Package:

'Laserform'

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288a

Please complete in typescript,

Appointment of director or secretary

| UI III IKNU INGUN GAUNGIA. | of particulars (use Form 288c)) | | | | | |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| CHFP025 | Ci particulars (use i orni 2000)) | | | | | |
| Company Number | 3796850 | | | | | |
| Company Name in full | ST JAMES PARK NEWCASTLE LIMITED | | | | | |
| | | | | | | |
| Date of | Day Month Year Day Month Year | | | | | |
| appointment | 2 5 0 4 2 0 0 0 Birth 0 2 0 4 1 9 5 5 | | | | | |
| Appointment Appointment as director form | X as secretary Please mark the appropriate box. If appointment is as a director and secretary mark both boxes. | | | | | |
| NAME *Style / Title | MR *Honours etc | | | | | |
| Notes on completion appear on reverse. Forename(s) | DAVID | | | | | |
| Surname | STONEHOUSE | | | | | |
| Previous | Previous | | | | | |
| Forename(s) Usual residential | Surname(s) 44 MOOR CRESCENT, GOSFORTH | | | | | |
| address | 44 PROCK CRESCENT, GOSFORTH | | | | | |
| Post town | NEWCASTLE UPON TYNE Postcode NE3 4AQ | | | | | |
| County / Region | Country | | | | | |
| †Nationality | BRITISH †Business occupation DIRECTOR | | | | | |
| †Other directorships (additional space overleaf) | | | | | | |
| Voluntary details. † Directors only. | Date 13 JULY 2000 | | | | | |
| **Please delete as appropriate | A director, secretary etc must sign the form below. | | | | | |
| Signed | Date 13 JULY 2000 | | | | | |
| | (** a director / secretary / administrator / administrative receiver / receiver manager / receiver) | | | | | |
| Please give the name, address, telephone number and, if available, a DX number and Exchange of | DLA Fountain Precinct, Balm Green, Sheffield, S1 1RZ | | | | | |
| the person Companies House should | ABP/NUFC86 | | | | | |
| contact if there is any query. | Tel 08700 111 111 | | | | | |
| | DX number px: 708580 DX exchange SHEFFIELD 10 | | | | | |
| *A4EZ3868** 0137 | When you have completed and signed the form please send it to the Registrar of Companies at: Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales or | | | | | |

COMPANIES HOUSE Laserform International 12/99 0137

14/07/00

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

for companies registered in Scotland

DX 235 Edinburgh

| | Company Number | | ···· | | |
|-------------------|----------------------|---|------|-------------------------------------------|--|
| † Directors only. | †Other directorships | | | | |
| | | - | | | |
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NOTES

Show the full forenames, NOT INITIALS. If the director 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

A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was known before he or she adopted the title or succeeded to it.

Other directorships.

Give the name of every company incorporated in Great 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 company making the return, or
- another wholly owned subsidiary of the same parent company.