FROM 02089621301

Page 2



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Please complete in typescript, or in bold black capitals 288a

## APPOINTMENT of director or secretary (NOT for resignation (use Form 288b) or change of particulars (use Form 288c))

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Company Number  Company Name in full  Compan	CHFP029	or particulars (use 1 of in 2000))					
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Sumame   NORTHUP   Previous   Sumame(s)	Notes on completion			*Honours etc			
Previous Forename(s)  Usual residential address  Post town Sea + He  County / Region  Nationality  Washington  Tother directorships (additional space overleaf)  Consent signature  Consent signature  Adirector, secretary etc must sign the form below.  Please give the name, address,  Previous  Surname(s)  Previous  Surname(s)  Postcode  ##500  Country  ##500  ##600  #	appear on reverse.		KAREN				
Usual residential address  Post town  County / Region  County / Region  WAShington  Country  USA  Tother directorships (additional space overleaf)  Consent signature  Consent signature  Voluntary details.  Tother director, secretary etc must sign the form below.  Signed  Consent signature  Consent signature  Please give the name, address,  EX 1 20 1 3 5 5 6 5 5 5 5 6 6 70		Surname	NORTHUP	· ·			
Post town    Seuffle		Previous Forename(s)					
Country / Region WAShington Country USA  †Nationality USA †Susiness occupation CFO  †Other directorships (additional space overleaf)    Consent signature   Consent to act as "Airector, secretary of the above named company			413 Pine Street #500				
Tother directorships (additional space overleaf)    Consent signature   Consent to act as "director/ secretary of the above named company		Post town	Seattle	Postcode	98101		
Tother directorships (additional space overleaf)    consent to act as "director/ secretary of the above named company		County / Region	WAShington	Country	4811		
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Please give the name, address,  Signed  Signed  Constructor/ soundary / administrative receiver receiv		Consent signature	Muntos	Date	6/22/00		
Please give the name, address,  Signed  Signed  Constructor/ soundary / administrative receiver receiv			A director, secretary etc must	t sign the form below	<i>l</i>		
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Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.



COMPANIES HOUSE Form revised July 1998

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EKIRUING, ISI FRESTON ROAD

LONDON WIO 6TH

Tel

DX number DX exchange

When you have completed and signed the form please send it to the Registrar of Companies at:

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