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Please complete in typescript, or in bold black capitals.

Resignation of director or secretary

Company Number			039 80813						
Company Name in full			STRATEGIC		CONSULTING		INTERI	NAT IOWAL	LIMITES
			्व	<u> </u>					
Resignation form	Date of resignation		Day N	//onth	Year 2002				
	Resignation as director			as sec	retary \(\)			opropriate box. If re I secretary mark bo	
	NAME	NAME *Style / Title		R		*Ho	nours etc		
Please insert details as previously notified to Companies Ho		Forename(s)	DAVID THOMAS						
	Jse.	Surname	HAWKINGS						
,		Day Month Year							
†Date of Birth									
resignation, please state reason									
	•		A serving	direct	or, secre	pary etc n	nust sign t	the form below	<i>ı</i> .
* Voluntary details. † Directors only.		Signed	(by a serving o	Sirector/	socretary/ ac	Aministrator /	Date	2/11/	panager / receiver
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.			MR. J. DAY C/O 60A, CHEVAL PLACE, LONDON SW7 1EN Tel 0207-584-1123						
#AR1H6FY2# 0159 COMPANIES HOUSE 16/11/02			DX number DX exchange When you have completed and signed the form please send it to the 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						