

Please complete in typescript, or in bold black capitals.

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

| CHFP000 | | of particulars (use Form 288c)) | | | | | |
|---|---------------------------|---|---|--|--|--|--|
| | Company Number | 4067211 | | | | | |
| Cor | mpany Name in full | PHARMA MED RESEARCH LIMITED | | | | | |
| | | | | | | | |
| | Data at | Day Month Year | Day Month Year | | | | |
| | Date of appointment | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Pate of 17011963 | | | | |
| Appointment form Notes on completion appear on reverse. | Appointment as director | as secretary | Please mark the appropriate box. If appointment is as a director and secretary mark both boxes. | | | | |
| | NAME *Style / Title | MAS. *Hor | nours etc | | | | |
| | Forename(s) | JULIA ELIZABETHGERVAISE | | | | | |
| | Surname | CLARKE | | | | | |
| | Previous Forename(s) | l Ai f.a | evious ame(s) CUNNELL | | | | |
| | Usual residential address | UMBERLEIGH 37 C | DLO BATH ROAD. | | | | |
| | Post town | CHELTENHAM | Postcode GL53 70E | | | | |
| | County / Region | CLOUGESTERSHIRE | Country ENGLAND. | | | | |
| | †Nationality | BEITISH TBUSINESS OCCUPATION MARKET RESEARCHER | | | | | |
| †Other directorships (additional space overleaf) Consent signature | | N/A | | | | | |
| | | | ary of the above named company | | | | |
| Voluntary details. | oonsom orginatare | Julia Clarke | Date 07.09.2000 | | | | |
| · voluntary details. · Directors only. *Delete as appropriate | | A director, secretary etc must sign the form below. | | | | | |
| | Signed | On | Date 07.09.2000 | | | | |
| | | (**a director / secretary / administrator / administra | tive receiver / receiver manager / receiver) | | | | |
| Please give the name, address, elephone number and, if available, a DX number and Exchange of | | ST. JAMES'S MANAGEMENT DX37970 KINGSWAY TEL NO. 020 7200 Feet | | | | | |
| he person Compa | nies House should | TEL NO: 020 7209 5100 Tel FAX NO: 020 7209 5102 | | | | | |
| contact if there is a | ny query. | DX number DX exch | ange | | | | |
| | | When you have completed and signe | d the form please send it to the | | | | |

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

L COMPANIES HOUSE Form revised July 1996

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.