Package: 'Laserform' by Laserform International Ltd.

Please complete in typescript,

288a

APPOINTMENT of director or secretary

(NOT for resignation (use Form 288b) or change of particulars (use Form 288c))

| | o complete in typocompt |
|-------|-------------------------|
| or in | bold black capitals. |
| | • |

CHFP025

Company Number

| | Company Name in full | | | 4407344 | | | | | | | | |
|----------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------|--------|-------------|-----------|---------|---------------|-------------|---------------|----------------------------------------------------------------|
| | | | | CHAMBERFLAME LIMITED | | | | | | | | |
| | | | Day | Month | · · | Year | | | | Da | ay Month Year | |
| | | | Date of appointment | 11 | רןס | 2 [| 0 0 | 2 | †Dat Birth | | 2 | 5 0 2 1 9 6 4 |
| form | | t Appoin | tment as director | х | | as se | cretary | <u></u> | | | | opropriate box. If appointment I secretary mark both boxes. |
| | | NAME | *Style / Title | MR | | | -11-F = | *H | lonour | rs etc | | |
| | on completion on reverse. | | Forename(s) | SHIRI | SH BAI | 1 | | | | | | |
| | | | Surname | GODBC | LE | | | | | | | |
| | | | Previous Forename(s) | Previous Surname(s) | | | | | | | | |
| address service the ben Confide granted provisio 723B of | this box if the s shown is a address for | · U: | sual residential address ++ | 88 KENSINGTON COURT MANSIONS | | | | | | | | |
| | neficiary of a entiality Order d under the ions of section | . [| Post town | LONDON | | | | | | Postc | ode | W8 5DU |
| | | ı | County / Region | LONDON | | | | | | Country | | ENGLAND |
| | | | †Nationality | AMERI | CAN | | †B | usine | ss occ | cupatio | n I | NVESTMENT BANKER |
| † Directors o | | NONE I consent to act as ** director / ** director / ** of the above named company | | | | | | | | | | |
| | ntary details. | | |) Date | | | | | | | te X | July 12 2002 |
| | te as appropr | iate | | A director, segretary etc must sign the form below. | | | | | | | | |
| | | | Date Date | | | | | | | te | Try 12 2002 | |
| | | | | a dire | | | administr | | | trative | receiv | /er / receiver manager / receiver |

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

Clifford Chance Limited Liability Partnership

200 Aldersgate Street London

EC1A 4JJ **Rof:E(G**

ode

Tel 020 7600 1000

DX number 606

DX exchange LONDON

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, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh



COMPANIES HOUSE

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