

Please complete in typescript, or in bold black capitals.

CHEP029

288a

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

| | | | | | | | _ | | | | | | | |
|---|---|----------------------------|--|--|-------|-----------|---|--------|----------------|-----------|----------------|---|---|--|
| Company Number | | | 475366 | 62 | | | | | | | | | | |
| Company Name in full | | | | Lex Vehicle Finance 2 Limited | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Date of | | | Day Month Year | | | | | ate of | Day Month Year | | | | | |
| | | appointment | 3 0 | 0 6 | 2 0 | 0 0 5 | | irth | | | | | | |
| Appointment form Notes on completion appear on reverse. | Appoint | ment as director | as secretary Please mark the appropriate box. If appointment as a director and secretary mark both boxes. | | | | | | | | | | | |
| | NAME | *Style / Title | *Honours etc | | | | | | | | | | | |
| | | Forename(s) | | | | | | | | | | | | |
| | | Surname | Aviva Company Secretarial Services Limited | | | | | | | | | | | |
| | | Previous Forename(s) | Previous Surname(s) | | | | | | | | | | | |
| Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 123B of the Companies Act 1985 | †† Us | ual residential address | St Helen's, 1 Undershaft | | | | | | | | | | | |
| | | Post town | LONDON Postcode EC3P 3DQ | | | | | | | | | | | |
| | С | ounty / Region | Country England | | | | | | | | | | | |
| | | †Nationality | †Business occupation | | | | | | | | | | | |
| AUTHOR tOther directorships AUTHOR BAND ON BEHALF OF FOR AND ON BEHALF OF AV CANSENT SIGNATURE | | | | I consent to act as ** director / secretary of the above named company | | | | | | | | | | |
| SECRETARIAL SERVICES LIMITE * Voluntary details. † Directors only. **Delete as appropriate | | | | Date 30 06 05 | | | | | | | | | | |
| | | | | A director, secretary etc must sign the form below. | | | | | | | | | | |
| | | Signed | | Model | | | | | | <u>~~</u> | ↓ = = : | ┿ | 5 | |
| You do not have to give any contact information in the box opposite but if you | | | | (**a director / secretary / administrator / administrative receiver / receiver manager / receiver) | | | | | | | | | | |
| normation in the t lo, it will help C contact you if the | Mead, Stuart St Helen's, 1 Undershaft, LONDON, EC3P 3DQ | | | | | | | | | | | | | |
| orm. The contac give will be visible | Tel | | | | | | | | | | | | | |
| public record | | | | DX number DX exchange | | | | | | | | | | |
| | | | | When you have completed and signed the form please send it to the Registrar of Companies at: | | | | | | | | | | |

#75077PK A35 0250 COMPANIES HOUSE 10/08/05

Form May 2004

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 for companies registered in Scotland

DX 235 Edinburgh or LP - 4 Edinburgh 2

| | Company Number | 4753662 |
|---|--|---------|
| | | |
| † Directors only. | [†] Other directorships | |
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| NOTES | | |
| | | |
| | NOT INITIALS, if the director ion or Scottish firm, show the | |
| name on surname line ar | nd registered or principal office | |
| on the usual residential li | ne. | |
| Give previous forenames | | |
| for a married woman, the known before marriage n | he name by which she was eed not be given. | |
| - for names not used sind | ce the age of 18 or for at | |
| least 20 years | 9 • • • • • • • • • • • • • • • • • • • | |
| A peer or individual known by a title may state the title | | |
| | the forenames and surname me by which that person was | |
| known before he or she a | dopted the title or succeeded | |
| to it. | | |
| Other dispetanting | | |
| Other directorships. | | |
| | mpany incorporated in Great n concerned is a director or | |
| • | time in the past five years. | |
| | any which either is, or at all | |
| times during the past five y concerned was a director, | | |
| - dormant | | |
| at company which | wholly owned the company | |
| making the return, or | wholly owned the company | |
| - another wholly owned sui | bsidiary of the same parent | |
| company. | | |
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