

288a

	4	APPOINTMENT OF a	rector or	Secretary		
Please complete in typescript, or in bold black capitals.		NOT for resignation (use Form change of particulars (use Form	288b) or n 288c))			
CHFP010	Company Number	05557458				
Company Name in full		E TRAVEL INSURANCE SERVICES LIMITED				
		Day Month Year	Day	Month Year		
Appointment form	Date of appointment	0 8 0 9 2 0 0 5	† Date of Birth	0121191618		
	Appointment as director	X as secretary X		appropriate box. If appointment is secretary mark both boxes.		
	NAME * Style / Title	* F	Honours etc			
	Forename(s)	MICHAEL EDWARD				
Surname Previous forename(s) Usual residential address		BARRY				
		Previous surname(s)				
		19 NIGHTINGALE CLOSE				
	Post town	RAYLEIGH	Postcode	SS6 9GE		
County / Region † Nationality		ESSEX	Country	I UNITED KINGDOM		
		1121211111	TISH † Business CHARTERED ACCOUNTANT			
(ac	† Other directorships dditional space next page)	DRAKEFIELD GROUP LIMITED				
(additional opage floor page)		I consent to act as ** director / secretary of the above named company				
	Consent signature	MBN	Date	8.9.05		
* Voluntary details.		A director, secretary etc must sign the form below.				
† Directors only. ** Please delete as a	appropriate Signed	David	Date			

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.

10/10/05

COMPANIES HOUSE

LONDON, NW1 1JD Tel: 020 7554 2222 Tel Fax: 020 7554 2201 DX number 2103 DX exchange EUSTON

(**a director/938ecretary/-administrator / administrative receiver / receiver manager / receiver)

STANLEY DAVIS GROUP LIMITED, 41 CHALTON STREET,

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

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

Company Number

05557458

† Directors only.

† Other directorships

DRAKEFIELD INSURANCE SERVICES LIMITED

DRAKEFIELD SERVICES LIMITED

E-GO SOFTWARE LIMITED

CLINICASSIST LIMITED

GTD SOLUTIONS LIMITED

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.



Please complete in typescript, or in bold black capitals.

CHFP010

Company Number

Company Name in full

List of other directorships Schedule to form 288a

05	557458				
E	TRAVEL	INSURANCE	SERVICES	LIMITED	

Name

MICHAEL EDWARD BARRY

Company Name	Resignation
GO TRAVEL INSURANCE SERVICES LIMITED	
GOGAY LIMITED	