



**Appointment of Director**

Company Name: **PROGHIST LTD**

Company Number: **12192946**



Received for filing in Electronic Format on the: **16/03/2022**

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## **New Appointment Details**

Date of Appointment: **16/03/2022**

Name: **DR ZOE LEBLANC**

The company confirms that the person named has consented to act as a director.

Service Address: **205 W MICHIGAN AVE  
URBANA  
ILLINOIS 61801  
UNITED STATES**

Country/State Usually Resident: **UNITED STATES**

Date of Birth: **\*\*/03/1988**

Nationality: **CANADIAN**

Occupation: **ACADEMIC**

## **Authorisation**

### **Authenticated**

**This form was authorised by one of the following:**

**Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor**