

BR6

CHFP000

This form should be completed in black. This notice must be delivered to the Registrar within 21 days of the alteration being made.

Return of change of person authorised to accept service or to represent the branch of an oversea company or of any change in their particulars

(Pursuant to Schedule 21A, paragraph 7(1) of the Companies Act 1985)

Company number

Company name

Branch name
(if different to corporate name)

| F 6007432 | Branch number BR00 1786 |
|---------------|---------------------------|
| UNICKEDING IM | MEANO SPA |
| | |

TERMINATION OF AUTHORITY

See overleaf for appointments and change of particulars

Complete these details for resignation of any person authorised to accept service or process on the company's

resignation of any person authorised to accept service or process on the company's behalf or who was authorised to represent the company in relation to the business of the branch.

Date of termination

Position vacated (Mark appropriate box(es))

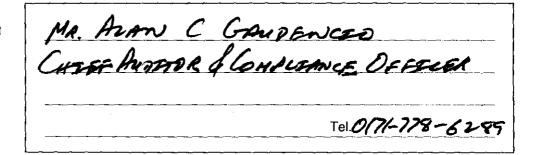
Day Month Year 3 P 1 1 1 1 9 5 5

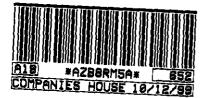
Person authorised to accept service on the company's behalf

Person authorised to represent the company at the branch

| Name | MR. Ful uso SAREDE |
|----------------------|--------------------|
| Address 17 Mook GASE | |
| | honson |
| | ECZR 6PH |

To whom should Companies House direct any enquiries about the information on this form.





When completed, this form should be delivered to the address on page 4

APPOINTMENT

Persons authorised to represent the company or who may accept service or process

Give the name and address of the person appointed, together with the date of appointment. Mark the box(es) relevant to the appointment. If the appointment is to both positions mark both boxes.

* Delete as appropriate

SCOPE OF AUTHORITY

Give brief particulars of the extent of the powers exercised. (e.g. whether they are limited to powers expressly conferred by the instrument of appointment; or whether they are subject to express limitations.) Where the powers are exercised jointly give the name(s) of the person(s) concerned.

Mark box(es) as appropriate

| * Style / Title MR |
|---|
| Forenames GJORGEO |
| Surname Cyccoup |
| Address 1/0 Ung CASSETS Transano Spa |
| 17 MODRUATE |
| Post town Love N |
| County / Region Postcode EC2R 6 PH |
| Is authorised to accept service of process on the company's behalf * AND/OR Is authorised to represent the company in relation to that business |
| Day Month Year |
| Date of appointment 0 1 2 1 9 9 |
| The authority to represent the company is :- |
| Is # Authorised to accept service of process on the company's behalf * AND/OR Is # Authorised to represent the company in relation to that business The extent of the authority to represent the company is :- (give details) |
| |
| |
| These powers :- |
| # May be exercised alone OB |
| # Must be exercised with:- (Give name(s) of co-authorised person(s)) M. P. W. VARAW |
| % UNICREDERO TIBLEAN 05 PA |
| 17 MOORCATE |
| hondon ECRR 6PH |

| CHANGE OF PARTICULARS | Day Month Year Date of change |
|---|--|
| Mark the appropriate box. If change relates to both positions, mark both boxes. Change Name previously of name notified to | Change of particulars of person authorised to accept service Change of particulars of person authorised to represent the company Forenames |
| Companies House | Surname Forenames |
| | Surname |
| Change of residential address (enter new address) | Address Post town |
| | Country / Region Postcode Country |
| Change of authority to act | |
| (this part does not apply to a person authorised to accept service on behalf of the company) | The extent of the authority of the above person to represent the company has been altered to :- [give details] |
| Give brief particulars of any change in the authority of the officer to represent the company, including any alteration to the manner in which the existing or new powers may be exercised (e.g. requiring them to be exercised with other persons) | The powers :- # [] May be exercised alone |
| # Mark appropriate box | # Must be exercised with: (Give name(s) of co-authorised person(s)) |
| Signature | |
| | Signed (director / Secretary / Permanent represent) |
| * Delete as applicable | Date9 - DEC 1999 |

When completed, this form should be delivered to :-

For branches registered in England and Wales

The Registrar of Companies Companies House Crown Way Cardiff CF4 3UZ For branches registered in Scotland

The Registrar of Companies Companies House 37 Castle Terrace Edinburgh EH1 2EB