BR6

CHFP010

This form should be completed in black.

This notice must be delivered to the Registrar within 21 days of the alteration being made.

company or of any change in their particulars
livered to the sof the alteration (Pursuant to Schedule 21A, paragraph 7(1) of the Companies Act 1985)

Return of change of person authorised to accept

service or to represent the branch of an oversea

rar within 21 days of the alteration made.			
Company Number	FC24755	Branch Number	32 7237
Company Name	LOXLEY INV	ESTMENTS LIMITE	·>
Branch Name (If different to corporate name)			

TERMINATION OF AUTHORITY

See overleaf for appointments and change of particulars

Position vacated (Mark appropriate box(es))

Date of termination

,				
		11		
	Person auti the compar		ccept servic	e ox
		norised to re	epresent the	

Year

Complete these details for 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.

Vame	
Address	

Day Month

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



54 Lombard Street		
London		
EC3P 3AH	Tel: 020 7699 5000	

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

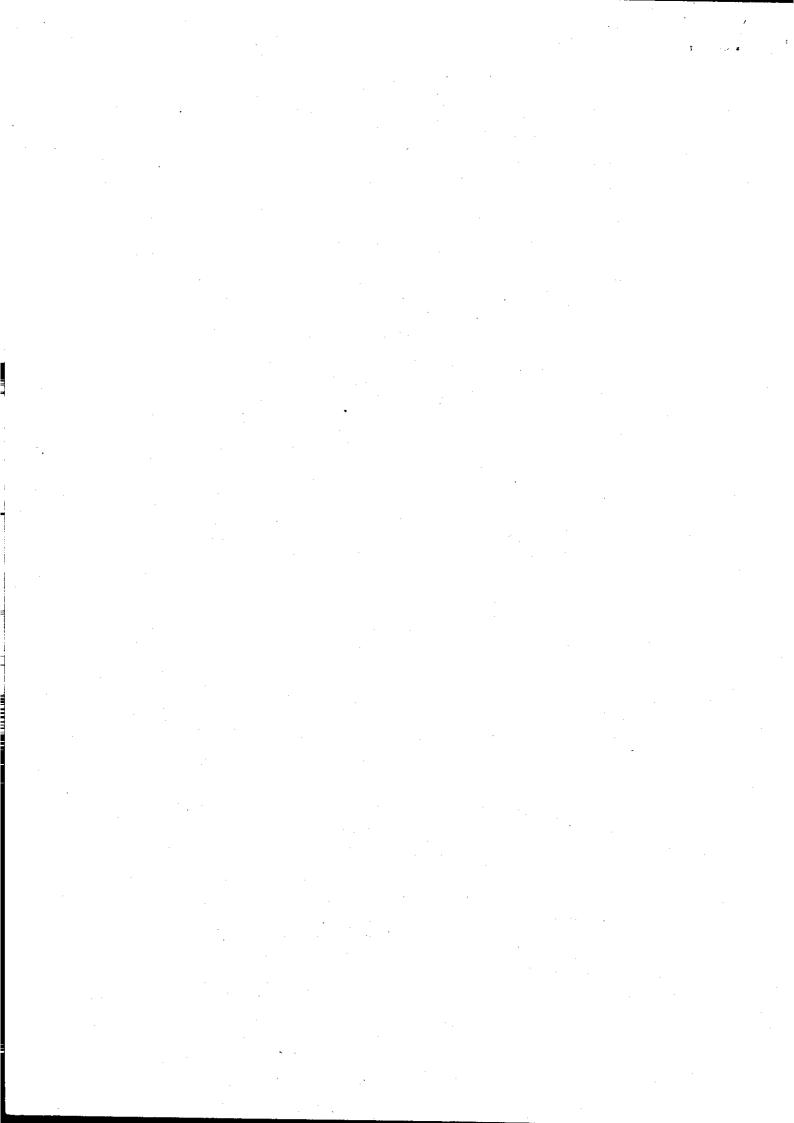
SCOPE OF AUTHORITY

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	
Forenames	DARREN
Surname	HACKE 77
Address	54 Lombard Street
Post town	London
County/Region	Postcode EC3P 3AH
Is authoris	sed to accept service of process on the company's behalf
*AND/OR	
Is authoris	sed to represent the company in relation to that business Day Month Year
Date of appointn	
	0 7 0 8 2 0 0 0
The authority to	represent the company is:-
Is # Autho	orised to accept service of process on the company's behalf
*AND/OR	•
Is # Author	orised to represent the company in relation to that business
The extent of the	e authority to represent the company is:- (give details)
· .	
These powers:-	
# May	be exercised alone
OR	
# Must	be exercised with:- (Give name(s) of co-authorised person(s))
	· · · · · · · · · · · · · · · · · · ·





CHANGE OF PARTICULARS Day Month Year Date of change Change of particulars of person authorised to accept service Mark the appropriate box. If change relates to both positions, mark both boxes. Change of particulars of person authorised to represent the company Change of name Forenames Name previously notified to Companies House Surname Forenames New name Surname Change of Address residential address (enter new address) Post town County/Region Country Change of authority to act The extent of the authority of the above person to represent the company has been altered to :- [give details] (this part does not apply to a person authorised to accept service on behalf of the company) Give brief particulars of any change in the authority of the officer to represent the company. The powers:including any alteration to the manner in which the existing or new powers May be exercised alone may be exercised (e.g. requiring them to be OR exercised with other persons) Must be exercised with:-(Give name(s) of co-authorised person(s)) # Mark appropriate box Signature Signed ___ * Delete as applicable (Director / Secretary / Permanent representitive) Date _09/09/2004

