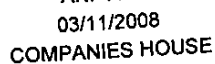




(Pursuant to Schedule 21A, paragraph 7(1) of the Companies Act 1985)

MONDAY



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

<sup>††</sup> Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985

☐

\* 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

Joanna

Surname

Sodija

Address <sup>††</sup>

55 Gresham Street

London

Post town

County / Region

London

Postcode

EC2V7HP

☒ 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

29/10/2008

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  
OR

# ☐ Must be exercised with -  
(Give name(s) of co-authorised person(s))

## 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.

<sup>11</sup> Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985

☐

\* 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 Kenneth

Surname Blody

Address <sup>11</sup> 144 W. Henderson Street

Post town Chicago

County / Region Illinois Postcode 60657

☐ 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 29/02/08

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)

general authority to execute documents

These powers -

# ☐ May be exercised alone

OR

# ☒ Must be exercised with - (Give name(s) of co-authorised person(s))

another director or authorised signatory

## CHANGE OF PARTICULARS

Mark the appropriate box. If change relates to both positions, mark both boxes.

### Change of name

Name previously notified to Companies House

New name

### Change of residential address \*\* (enter new address)

\*\* Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985

☐

### Change of authority to act

(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, 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)

# Mark appropriate box

		Day	Month	Year
Date of				
<input type="checkbox"/>	Change of particulars of person authorised to accept service			
<input type="checkbox"/>	Change of particulars of person authorised to represent the company			
Forenames				
Surname				
Forenames				
Surname				
Address				
Post town				
County / Region		Postcode		
Country				
The extent of the authority of the above person to represent the company has been altered to - [give details]				
The powers -				
#	<input type="checkbox"/>	May be exercised alone		
OR				
#	<input type="checkbox"/>	Must be exercised with (Give name(s) of co-authorised person(s))		

Signature

Signed

/ Permanent represent)

\* (director / Secretary

Date

\* Delete as applicable