

Please complete in typescript, or in bold black capitals

## 288b

## Resignation of director or secretary

	Comp	any Number	407 10							
W-									11.7	
	VKUU2P*	Name in full	LEX T	RANSFL	EET LIM	IITED				
Resignation										
form			Day	Month	Year					
Date of resignation  Resignation as director			18	18 02 97						
							mark the appropriate box. If resignation director and secretary mark both boxes.			
Please insert	NAME	NAME *Style / Title					*Ho	onours etc		
details as previously		Forename(s)	PETER							
notified to Companies Hou	se.	Surname	COSGROVE							
			Day Month Year							
†Date of Birth  If cessation is other than resignation, please state reason				24 03 52						
* Voluntary details. † Directors only.		Signed	1	ing direc		retary	etc must s	sign the for	m below. {3.3.97	
			(by a sep	ing director /	-		or / administrat	j ive receiver / rec	reiver manager / receiver)	
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.			MR M L YOUNG, LEX SERVICE PLC, LEX HOUSE, BOSTON DRIVE, BOURNE END, SL8 5YS							
			Tel 01628 843888							
			DX number DX exchange							
Form revised M	arch 1905		Regis Comp for co Comp	trar of Co panies H mpanies	ompanie: ouse, C registere ouse, 37	s at: rown W ed in En ' Castle	lay, Cardil gland and Terrace,	f, CF4 3UZ	r	