

Please complete in typescript, or in bold black capitals

288b

RESIGNATION of director or secretary (NOT for appointment (use Form 288a) or change of particulars (use Form 288c))

| | Comp | any Number | 10322 | 24 | | | | |
|--|---------------------|-------------------------|---|---|---|---------------------------------------|---|---|
| SCT *SV COMPANIES | EQUMH8* | full 519 796/97 | CHAR | RT INSUR | ANCE SE | RVICES LI | MITED | |
| Resignation form | n | ` | Day | Month | Year | | | |
| | Dat | te of resignation | 05 | 06 | 97 | | | |
| | Resigna | Resignation as director | | | as secretar | у Х | Please mark th is as a director | e appropriate box. If resignation and secretary mark both boxes |
| Please insert details as previously notified to Companies Hou | NAME | *Style / Title | MR. | | *Honours etc | | | |
| | | Forename(s) | MARK LEES | | | | | |
| | ıse. | Surname | YOUNG | | | | | |
| | | | Day Month Year | | | | | |
| †Date of Birth | | | | | | | | |
| resig | nation, plea | se state reason | A servi | ing direc | tor, secre | tary etc m | ust sign the for | m below. |
| * Voluntary details. † Directors only. | | Signed | | D.M | Satt | | Date | 11/6/97 |
| | | | (by a servi | ng director / s | secretary / adm | inistrator / adm | nistrative receiver / rec | elver manager / receiver) |
| Please give the name, address, telephone number and, if available, a DX number and Exchange of | | | MR M L YOUNG, LEX SERVICE PLC, LEX HOUSE, BOSTON DRIVE, BOURNE END, SL8 5YS | | | | | |
| the person Comcontact if there i | panies House should | | | | | Tel | 01628 843888 | |
| | | | DX nu | DX number DX exchange | | | | |
| Form revised M | arch 1995 | | Regist Comp for cor Comp | rar of Col anies Ho npanies r anies Ho | mpanies at ouse, Crov egistered i ouse, 37 C | t: vn Way, C a n England | ed the form pleas ardiff, CF4 3UZ and Wales o ace, Edinburgh | DX 33050 Cardiff |