

Please complete in typescript, or in bold black capitals.

Resignation of director or secretary

	Comp	any Number									
Company Number				<u> </u>]			
Coi	PRESTON INSURANCE ASSOCIATES LTA.										
× F 2 8 8 B		 									
Designation	Day	Month	Year								
Resignation form	Date of resignation		70	03	96						
	Resigna	ation as director	X as secretary Please mark the appropriate be is as a director and secretary								
ı	NAME *Style / Title		MR *Honours etc								
Please insert details as previously notified to Companies House		Forename(s)	STEPHEN								
		Surname	MABBOTT								
Companies House.		†Date of Birth	Day 17	Month 11	Year 50	7					
If cessat]			<u>-</u>					
resignati	on, pleas	e state reason									
						4		ion the	form be	olow	
			A servi	ng airect	or, secr	etar	ry etc must s	ngn me			
		Signed	(انسل	ليلا			Date	4/:	3/96	
* Voluntary details. † Directors only.				ing director /	secretary f	admi	inistrator / admini	Strative rec	eiver / rece	iver manager	
Please give the telephone number	SCOTT'S COMPANY FORMATIONS, 5 LOGIE MILL,										
a DX number ar the person Compar	BEAVERBANK OFFICE PARK, LOGIE GREEN ROAD,										
contact if there is ar	EDINBURGH, EH7 4HH Tel 0131-556 5800										
	DX number ED 301 DX exchange EDINBURGH										
SCT *SHFJTJTC* 748			When you have completed and signed the form please send it to the Registrar of Companies at: Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff for companies registered in England and Wales or								
COMPANIES H	Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB										

for companies registered in Scotland

DX 235 Edinburgh

Form revised March 1995