Please complete in typescript, or in bold black capitals.

APPOINTMENT of director or secretary

| 4 2 . | | | (140 | | _ | • | • | | | | - | Citalige | ; |
|--|---|---------------------------|---|-----------|--------------|---------------------|--------|--------|----------|-----------------|------------------------|------------------------------------|---|
| CHFP016 | | | | | of pa | rticul | ars | (us | e For | m 2 | ?88c)) | | |
| Company Number Company Name in full | | | 275473 | | | | | | | | | | |
| | | | NEW EXPRESSIONS LIMITED | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | Date of appointment | Day 0 2 | Month 1 1 | 2 0 | | † Date | e of b | | 2 2 | Month 0 5 1 | Year 1 9 5 | 4 |
| Appointment form | Appointme | ent as director | | | 8 | s secret | ary | x | | | | box. If appointm mark both boxe | |
| | NAME | *Style / Title | MR *Honours etc | | | | | | , L— | | | mark both doke | |
| Notes on completic appear on reverse. | DAVID | GEORGI | E | | - | | | | | | = | | |
| | | Surname | NAISB | Y | | | | | | | | | |
| | | Previous Forename(s) | | | | Previous Surname(s) | | | | | | | _ |
| †† 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 | ††Usu: | al residential address | DUNBRECK, BREACHLOCH, MOUNTEAGLE ROAD | | | | | | | | | | |
| | | Post town | CULBOKIE Posto | | | | | | stcode | code IV7 8GY | | | |
| | Co | unty / Region | | | | | | C | Country | | • | | _ |
| | | † Nationality | BRITISH # Business occupation | | | | | | oation [| DENTAL SURGEON | | | |
| | † Other | directorships | NONE | | | | | | | | | | |
| (additional space overleaf) | | | I consent to act as ** director / consent to act as ** director / consent to act as ** | | | | | | | | | | |
| Consent signature | | | Da | | | | | | Date | te 02/11/04 | | | |
| † Directors only. ** Delete as appropriate. | A director, secretary etc must sign the form below. | | | | | | | | | | | | |
| Signed | | | BNash Da | | | | | | Date | 02/11/04 | | | |
| You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record. | | | (** a director / secretary / administrator / administrative receiver / receiver manager / receiver) | | | | | | | | | | |
| | | | JOHNSTON CARMICHAEL | | | | | | | | | | |
| | | | COMMERCE HOUSE SOUTH | | | | | UTH ST | STREET | | | | |
| | | | ELGIN | | | | | | Tel | el 01343 547492 | | | |
| | | | DX number 520655 DX exchange ELGIN | | | | | | | | | | |
| | | | | | | | | | | | | | |

When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

COMPANIES HOUSE

03/12/04