642(1)(b) Return of alteration in the directors or secretary of a Part XXIII company or in their L particulars

Company number (e.g. FC 099999):



Photocopies of this form will not be accepted

Please use upper and/or lower case letters exactly as you intend them to appear in Company name in Black Ink. Please leave a blank box to indicate a space.

Please complete all remaining boxes on this form legibly, in **CAPITAL LETTERS** and in Black Ink. Please leave a blank box to indicate a space. Use a separate row for each address line. Please do not fold this form.

> (Turn over page for resignation and change of particulars.)

Please mark the appropriate box. If the appointment is as director and secretary mark both boxes.

| NF 003459                                     |                                  |  |  |  |  |  |  |  |  |  |  |
|---|----------------------------------|--|--|--|--|--|--|--|--|--|--|
| Company name (in full):                       |                                  |  |  |  |  |  |  |  |  |  |  |
| BUNZLOUTSOURCIA                               | UG SERVICES UL                   |  |  |  |  |  |  |  |  |  |  |
| LIMITED                                       |                                  |  |  |  |  |  |  |  |  |  |  |
|   |                                  |  |  |  |  |  |  |  |  |  |  |
| Appointment                                   |                                  |  |  |  |  |  |  |  |  |  |  |
| Date of appointment (DD/MM/YYYY):             |                                  |  |  |  |  |  |  |  |  |  |  |
| DEPARTMENT OF ENTERPRISE TRADE AND INVESTMENT |                                  |  |  |  |  |  |  |  |  |  |  |
| Appointment of director                       | 1 2 MAY 2006                     |  |  |  |  |  |  |  |  |  |  |
| Appointment of secretary                      | POST RECEIVED COMPANIES REGISTRY |  |  |  |  |  |  |  |  |  |  |
| Title: CONPANIES REGISTRY                     |                                  |  |  |  |  |  |  |  |  |  |  |
| Forenames *:                                  |                                  |  |  |  |  |  |  |  |  |  |  |
|   |                                  |  |  |  |  |  |  |  |  |  |  |
| Surname:                                      |                                  |  |  |  |  |  |  |  |  |  |  |
|   |                                  |  |  |  |  |  |  |  |  |  |  |

\* See Note 1

\* See Note 1

Previous name \*:

Usual residential address:

Address Line 1 Address Line 2

County/region

Post town

Postcode: Country:

| 642 | (1) | (b) | Page | 2 |
|-----|-----|-----|------|---|
|-----|-----|-----|------|---|

|  | Appointment (continued)  |       |      |     |        |              |             | 642(1)     | (b) Page                                     | e 2    |  |  |  |  |
|--|--|-------|------|-----|--------|--------------|-------------|------------|--|--------|--|--|--|--|
| Please complete all remaining boxes on                             | Date of birth † (DD/MM/YYYY):  |       |      |     |        |              |             |            |  |        |  |  |  |  |
| this form legibly, in CAPITAL LETTERS                              |  |       |      |     |        |              |             |            |  |        |  |  |  |  |
| and in Black Ink. Please leave a blank box to indicate a           | Nationality †:   |       |      |     |        |              |             |            |  |        |  |  |  |  |
| space. Use a separate row for                                      |  |       |      |     |        |              |             |            |  |        |  |  |  |  |
| each address line.<br>Please do not fold<br>this form.             | Business occupation †:   |       |      |     |        |              |             |            |  |        |  |  |  |  |
|  |  |       | _    |     |        |              |             |            |  |        |  |  |  |  |
|  | Other directorships †:   |       |      |     |        |              |             |            |  |        |  |  |  |  |
|  | Yes No   |       |      |     |        |              |             |            |  |        |  |  |  |  |
| ‡ See Note 2   | Other directorships detail ‡:  |       |      |     |        |              |             |            |  |        |  |  |  |  |
|  |  |       |      |     |        |              |             |            |  |        |  |  |  |  |
|  |  | П     | -1   | Т   |        |              | T           | Τ          |  |        |  |  |  |  |
|  |  |       |      |     |        |              |             |            | <u>                                     </u> |        |  |  |  |  |
|  | Consent signature  |       |      |     |        |              |             |            |  |        |  |  |  |  |
|  | Signed:  | Da    | te ( | DD. | /MM    | <b>1</b> /YY | ′YY         | ) <i>:</i> |  |        |  |  |  |  |
|  |  | Π     | Ī    | Т   |        |              |             |            |  |        |  |  |  |  |
|  | A serving director etc. must also sign the form on page 4                |       |      |     |        |              |             |            | j  |        |  |  |  |  |
| /This includes any   |  |       |      |     |        |              |             |            |  |        |  |  |  |  |
| (This includes any<br>form of ceasing to<br>hold office e.g. death | Resignation  |       |      |     |        |              |             |            |  |        |  |  |  |  |
| or removal from office.)   | Date of resignation (DD/MM/YYYY):  |       |      |     |        |              |             |            |  |        |  |  |  |  |
|  | 03042006   |       |      |     |        |              |             |            |  |        |  |  |  |  |
| Please mark the appropriate box. If                                | Resignation etc. as director   |       |      |     |        |              |             |            |  |        |  |  |  |  |
| resignation etc. is as director and secretary                      | Resignation etc. as secretary  |       |      |     |        |              |             |            |  |        |  |  |  |  |
| mark both boxes.  * See Note 1                                     | Forenames *:   |       |      |     |        |              |             |            |  |        |  |  |  |  |
|  | BRIAN MICHAEL  |       |      |     |        |              |             |            |  |        |  |  |  |  |
|  | Surname:   | ····· |      |     |        |              | <del></del> |            |  |        |  |  |  |  |
|  | MAS  |       |      |     |        |              |             |            |  |        |  |  |  |  |
|  | Date of birth † (DD/MM/YYYY):  |       |      |     |        |              |             |            |  |        |  |  |  |  |
|  | 03031964   |       |      |     |        |              |             |            |  |        |  |  |  |  |
|  | If cessation is other than resignation please state reason (e.g. death): |       |      |     |        |              |             |            |  |        |  |  |  |  |
|  |  |       |      |     |        |              |             | $\prod$    |  |        |  |  |  |  |
| † Directors only   |  |       |      |     | $\neg$ |              |             | T          | П  | $\neg$ |  |  |  |  |

| Complete this section in all cases where particulars have | Change of Particulars                       | (1)(b) Page 3 |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---------------|--|--|--|--|--|--|--|--|--|--|--|--|
| changed and then the appropriate section                  | Date of change of particulars (DD/MM/YYYY): |               |  |  |  |  |  |  |  |  |  |  |  |  |
| below, i.e. Change of name.                               |   |               |  |  |  |  |  |  |  |  |  |  |  |  |
| Please mark the appropriate box. If change of particulars | Change of particulars as director           |               |  |  |  |  |  |  |  |  |  |  |  |  |
| etc. is as director and secretary mark both               | Change of particulars as secretary          |               |  |  |  |  |  |  |  |  |  |  |  |  |
| boxes.  | Forenames *:                                |               |  |  |  |  |  |  |  |  |  |  |  |  |
| * See Note 1 Names previously                             |   |               |  |  |  |  |  |  |  |  |  |  |  |  |
| notified to<br>Companies                                  | Surname:                                    |               |  |  |  |  |  |  |  |  |  |  |  |  |
| Registry.   |   |               |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Date of birth † (DD/MM/YYYY):               |               |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |               |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |               |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |               |  |  |  |  |  |  |  |  |  |  |  |  |
| (enter new name).   | Change of name:                             |               |  |  |  |  |  |  |  |  |  |  |  |  |
| * See Note 1  | Forenames *:                                |               |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |               |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Surname:                                    |               |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |               |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |               |  |  |  |  |  |  |  |  |  |  |  |  |
| (enter new address).                                      | Change of usual residential address:        |               |  |  |  |  |  |  |  |  |  |  |  |  |
| Address Line 1  |   |               |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |               |  |  |  |  |  |  |  |  |  |  |  |  |
| Address Line 2  |   |               |  |  |  |  |  |  |  |  |  |  |  |  |
| Post town   |   |               |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |               |  |  |  |  |  |  |  |  |  |  |  |  |
| County/region   |   |               |  |  |  |  |  |  |  |  |  |  |  |  |
| Please complete all                                       | Postcode:                                   |               |  |  |  |  |  |  |  |  |  |  |  |  |
| remaining boxes on<br>this form legibly, in               |   |               |  |  |  |  |  |  |  |  |  |  |  |  |
| CAPITAL LETTERS and in Black Ink.                         | Country                                     |               |  |  |  |  |  |  |  |  |  |  |  |  |
| Please leave a blank box to indicate a                    | Country:                                    |               |  |  |  |  |  |  |  |  |  |  |  |  |
| space. Use a separate row for                             |   |               |  |  |  |  |  |  |  |  |  |  |  |  |
| each address line.<br>Please do not fold<br>this form.    |   |               |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |               |  |  |  |  |  |  |  |  |  |  |  |  |

† Directors only

## Change of Particulars (continued)

Please complete all remaining boxes on this form legibly, in CAPITAL LETTERS and in Black Ink. Please leave a blank box to indicate a space. Use a separate row for each address line. Please do not fold this form.

| Other ch          | ange  | (plea | se s | pec | cify) | :    |     |      |      |                 |                |      |      |      |     |   |         |         |     |     |          |   |             |        |   |   |
|-------------------|---|-------|------|-----|-------|------|-----|------|------|-----------------|----------------|------|------|------|-----|---|---------|---------|-----|-----|----------|---|-------------|--------|---|---|
|                   |   |       |      |     |       |      |     |      |      |                 |                |      | Ι    |      | T   |   |         |         |     |     |          |   |             |        |   |   |
|                   |   |       |      |     |       |      |     | Ī    |      | Τ               |                |      |      | Ι    |     |   |         |         |     |     |          |   |             |        |   | Γ |
| A serving         | A serving director/secretary etc. must also sign the form below |       |      |     |       |      |     |      |      |                 |                |      |      |      |     |   |         |         |     |     |          |   |             |        |   |   |
| Count<br>A servir |   | _     |      |     | y etc | c. m | nus | t al | so:  | sigr            | n th           | e fo | orm  | be   | low | , |         |         |     |     |          |   |             |        |   |   |
| Signed:           |   | Live  |      | •   |       |      |     |      |      |                 |                |      |      |      |     | [ | Da<br>O | te<br>9 | (DI | S/M | 1M/<br>2 | 0 | YY)<br>3 (2 | :<br>2 |   |   |
| (by a se          | •   |       |      |     |       |      | lmi | nis  | trat | <del>or/ε</del> | <del>idn</del> | ini  | stra | tive | )   | - |         |         |     |     |          |   |             |        | į |   |

After signing please return the form to: Companies Registry 1st Floor, Waterfront Plaza 8 Laganbank Road Belfast BT1 3LX

| Companies Registry                                       | Contact name:    |   |  |  |  |  |  |  |  |  |  |  |  |
|--|------------------|---|--|--|--|--|--|--|--|--|--|--|--|
| direct any enquiries about the information on this form? | A MANDA MATTHEUS |   |  |  |  |  |  |  |  |  |  |  |  |
|  | Address:         |   |  |  |  |  |  |  |  |  |  |  |  |
| Address Line 1   | BUNZLPLC         |   |  |  |  |  |  |  |  |  |  |  |  |
| Address Line 2   | 110 PARK STREET  | _ |  |  |  |  |  |  |  |  |  |  |  |
| Post town  | LONDON           | _ |  |  |  |  |  |  |  |  |  |  |  |
| County/region  |                  | _ |  |  |  |  |  |  |  |  |  |  |  |
|  | Postcode:        | _ |  |  |  |  |  |  |  |  |  |  |  |
|  | MIK 6NX          |   |  |  |  |  |  |  |  |  |  |  |  |
|  | Tel:             |   |  |  |  |  |  |  |  |  |  |  |  |
|  | 02074954950      |   |  |  |  |  |  |  |  |  |  |  |  |

## **Notes**

1. Show all full forenames, NOT INITIALS. If the director or secretary is a Corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential address line.

Give previous forenames or surname except:

- for a married woman the name before marriage need not be given,
- for names not used since the age of 18 or for at least 20 years.

A peer or an individual known by a title may state the title instead of or in addition to the forenames and surname.

2. In the case of an individual who has no business occupation but holds other directorships, give particulars of them.

Give the name of every company of which the person concerned is a director or has been a director at any time in the past 5 years. Exclude any company which either is, or at any time during the past 5 years when the person was a director, was

- dormant
- a parent company which wholly owned the company making the return
- a wholly subsidiary of the company making the return
- another wholly owned subsidiary of the same parent company.