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Please complete in typescript, or in bold black capitals.

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Resignation of director or secretary

Company Number		50153569
SCT *S24	100SE 22/12/97	ALBA PRINTERS LIMITED
Resignation form	Date of resignation Resignation as director NAME *Style / Title	Day Month Year 4 12 97 as secretary Please mark the appropriate box. If resignation is as a director and secretary mark both boxes. *Honours etc
Please insert details as previously notified to Companies Hous	Forename(s) Surname	JOHN CURRIE Day Month Year
	ation is other than ation, please state reason	A serving director, secretary etc must sign the form below.
telephone number a DX number the person Com	Signed he name, address, ber and, if available, and Exchange of apanies House should	(by a serving director / secretary / administrator / administrative receiver / receiver manager / receiver MAN SON & PARTNERS 51 RAE STREET
contact if there i	any query.	DX number DX exchange 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 Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh