

AMENDMENTS TO CONSTITUTION AND CONVERSION COMPANIES

Company Name: ACN:

In consideration for you acting as our agent, payment of solicitors costs, attending preparation of minutes and notices and delivery of same we shall pay you such amount as agreed. We have enclosed a copy of the Company's existing Articles of Association and a copy of the company's latest Annual Return. We understand that the amendment will only provide for changes to the Corporations Law as at 9/11/95 and that further amendments may be required in the future.

Company Members and Officeholders:

(If more than two persons please copy this form and attach)

Surname:		Given Names:	
Address:			
Suburb:		State:	P/Code:
Date of Birth:		Place of Birth (Town/State/Country):	
<input type="checkbox"/> Continuing Director	<input type="checkbox"/> Continuing Secretary	<input type="checkbox"/> Appoint Director	
<input type="checkbox"/> Retiring Director	<input type="checkbox"/> Retiring Secretary	<input type="checkbox"/> Appoint Secretary	
1 st Share Class Held:	Number:	2 nd Share Class Held:	Number:
Transfer Shares to:			

Surname:		Given Names:	
Address:			
Suburb:		State:	P/Code:
Date of Birth:		Place of Birth (Town/State/Country):	
<input type="checkbox"/> Continuing Director	<input type="checkbox"/> Continuing Secretary	<input type="checkbox"/> Appoint Director	
<input type="checkbox"/> Retiring Director	<input type="checkbox"/> Retiring Secretary	<input type="checkbox"/> Appoint Secretary	
1 st Share Class Held:	Number:	2 nd Share Class Held:	Number:
Transfer Shares to:			

Registered Office:

APPLICANT DETAILS:

E-mail Address:

Firm Name:

Ph:

Street Address:

Fax:

Postal Address:

Please Deliver to: Street Address / Other:

The applicant hereby accepts full responsibility for any amount payable to Company Creations and not their client, for the incorporation of the above company. The above persons have consented to act as shown and apply for the shares as indicated with application monies currently held in trust.

signed: date:

Direct Deposit/Transfer On Account (approved applicants only)

Credit Card (Visa, MasterCard, Bankcard) * Please fax your application over with Credit Card authority Slip.

PLEASE FAX OR EMAIL TO:

COMPANY CREATIONS **WEB: WWW.COMPANYCREATIONS.COM.AU**
 PO Box 110 **WEB: WWW.COMPANIESONDISC.COM.AU**
 WINSTON HILLS NSW 2153 **EMAIL: ADMIN@COMPANYCREATIONS.COM.AU**
PHONE: 1300 302 155 FAX: 1300 302 156