

NOTICE OF CHANGE OF DIRECTORS - VERSION SEPTEMBER 2018

Registration Number	Compa	Company Name			
Director # (wl	nere the Directo	r is an individual the	name must	t be represented as FIRST MIDDLE I	LAST)
FULL LEGAL NAME			FULL FORMER NAME (S) - Individuals		
		Γ			
USUAL ADDRESS or	STREET				
REGISTERED OFFICE					
ADDRESS	TOWN/CITY		S	STATE/ISLAND	
	P.O. BOX ZIP CODE		(COUNTRY	
OCCUPATION					
	and the Dinaste	n in an individual tha		the represented as EIDCT MIDDLE I	Г <u>А С'Т'</u>)
Director # (wh FULL LEGAL NAME	tere the Directo			t be represented as FIRST MIDDLE I ER NAME (S) - Individuals	LASI)
FOLL LEGAL INAME		T.,	ULL FORM	ER NAME (5) - Individuals	
USUAL ADDRESS or	STREET				
REGISTERED OFFICE					
ADDRESS	TOWN/CITY		s	STATE/ISLAND	
	P.O. BOX	X ZIP CODE		COUNTRY	
OCCUPATION					
THE FOLLOWING PERSON(S)	CEASED TO HOLD				
NAME		REASON FOR	RCEASING	IF OTHER (PLEASE SPECIFY)	