Australian Securities & Investments Commission

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Form 484

Corporations Act 2001

Change to company details

Sections A, B or C may be lodged independently with this signed cover page to notify ASIC of:

- A1 Change of address
- A2 Change of name officeholders and proprietary company members
- A3 Change ultimate holding company
- B1 Cease company officeholder
- B2 Appoint company officeholder
- B3 Special purpose company

- C1 Cancellation of shares
- C2 issue of shares
- C3 Change to share structure
- C4 Changes to the register of members for proprietary companies

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement Company details Company name North Ryde Community Finance Limited Refer to guide for information about ACN/ABN Corporate key corporate key 112 673 506 Lodgement details Who should ASIC contact if there is a query about this form? Firm/organisation North Ryde Community Finance Limited Contact name/position description Graham McMaster/Director ASIC registered agent number (if applicable) Telephone number 02 98785559 Postal address or DX address PO Box 6238 North Ryde NSW 2113 Total number of pages including this cover sheet Signature This form must be signed by a current officeholder of the company. I certify that the information in this cover sheet and the attached sections of this form are true and complete. Name Graham McMaster Capacity X Director Company secretary Signature In aster Date signed 5 //0 Send completed and signed forms to:

Lodgement

Australian Securities and Investments Commission, PO Box 4000, Gippsland Mail Centre VIC 3841.

Or lodge the form electronically by visiting the ASIC website www.asic.gov.au

For help or more information Telephone 1300 300 630

Email

Web

info.enquiries@asic.gov.au www.asic.gov.au

B1 Cease company offi	ceholder		
Use this section to notify if a company officeholder.	officeholder has ceased to be a company o	fficeholder. You need to notify details separately for each ceased	
Role of ceased officeholder Select one or more boxes	Director Secretary		
	Alternate director ——— Person altern	ate for	
Date officeholder ceased	Date of change 2 2 / 1 2 / 1 0 [D D] [M M] [Y Y]		
Name	The name of the ceased officeholder is Family name ROBINSON	Given names RUSSELL MILTON	
	Date of birth 1 7 , 0 1 , 5 2 [D D] [M M] [Y Y]		
	Place of birth (town/city) SYDNEY	(state/country)	
B1 Continued Cease ar	nother company officeholde	<u> </u>	
		fficeholder. You need to notify details separately for each ceased	
Role of ceased officeholder Select one or more boxes	Director Secretary Alternate director —— Person alterna	ate for	
Date officeholder ceased	Date of change [D D] [M M] [Y Y]		
Name	The name of the ceased officeholder is Family name	Given names	
	Date of birth [D D] [M M] [Y Y]		
	Place of birth (town/city)	(state/country)	