

## 296

## Change of director or secretary or change of particulars

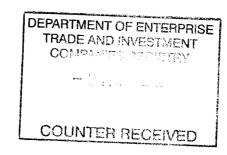
## This form should be completed in black

|                                                                                                           | Company number Company name | CN R733 Ulster Bank Limited                                            |
|-----------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------|
| Appointment                                                                                               |                             |                                                                        |
| (Turn over page for resignation and change of particulars)                                                | Date of appointment         | DA <b>27</b> 04 2007                                                   |
| NOTES Show the full forenames, NOT INITIALS. If the director or                                           | Appointment of director     | Please mark the appropriate box. If the appointment is as director and |
| secretary is a Corporation or<br>Scottish firm, show the name on<br>surname line and registered or        | Appointment of secretary    | CS secretary mark both boxes                                           |
| principal office on the usual residential address line.                                                   | Name *Style/Title           | Mrs                                                                    |
|                                                                                                           | Forenames                   | Judith Lucy                                                            |
| Give previous forenames or surname except:                                                                | Surname                     | Collister                                                              |
| - for a married woman the                                                                                 | *Honours etc                |                                                                        |
| name before marriage need                                                                                 | Previous forenames          |                                                                        |
| not be given  for names not used since the age of 18 or for at least 20 years.                            | Previous surname            |                                                                        |
| A peer or an individual known<br>by a title may state the title<br>instead of or in addition to the       | Usual residential address   | AD 3 Grove Lea  Ballyhill Lane, Ballymather Road                       |
| forenames and surname.                                                                                    | Post town                   | Nutts Corner                                                           |
| Other directorships                                                                                       | County/Region               | Belfast                                                                |
| Offici directorships                                                                                      |                             |                                                                        |
| Give the name of every company                                                                            | Postcode                    | BT29 4ZR Country                                                       |
| of which the person concerned is<br>a director or has been a director<br>at any time in the past 5 years. | Date of birth^              | DO Nationality^ NA                                                     |
| Exclude any company which either is, or at any time during the past 5 years when the person               | Business occupation^        | OC                                                                     |
| was a director, was:                                                                                      | Other directorships^        |                                                                        |
| - a parent company which wholly owned the company making the return                                       |                             |                                                                        |
| - a wholly owned subsidiary of the company making the return                                              |                             | I consent to act as Xrxtx/secretary of the above named company         |
| <ul> <li>another wholly owned<br/>subsidiary of the same parent<br/>company.</li> </ul>                   | Consent signature           | Signed Thouth Whater Date 30/4/07                                      |

\*Voluntary details

^Directors only

A serving director etc. must also sign the form overleaf.



|                                                                                           | ·                                        |                                                                                   |  |
|-------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------|--|
| Resignation                                                                               |                                          |                                                                                   |  |
| (This includes any for ceasing to hold office                                             |                                          | DR 27 04 2007                                                                     |  |
| death or removal from office).                                                            |                                          | Please mark the appropriate box. If resignation etc. is as director and secretary |  |
| Resignation etc. of secretary                                                             |                                          | XS mark both boxes                                                                |  |
|                                                                                           | Forenames                                | David John                                                                        |  |
| Surnames                                                                                  |                                          | Peacock                                                                           |  |
|                                                                                           |                                          |                                                                                   |  |
|                                                                                           |                                          |                                                                                   |  |
| Date of Birth (directors only)                                                            |                                          | DO                                                                                |  |
| If cessation is other than resignation please state reason                                |                                          |                                                                                   |  |
| (e.g. death)                                                                              |                                          |                                                                                   |  |
| Change of partic                                                                          | culars                                   |                                                                                   |  |
| Change of particulars                                                                     |                                          |                                                                                   |  |
| •                                                                                         | Date of change of particulars            | DC                                                                                |  |
|                                                                                           | Change of particulars as director        | ZD Please mark the appropriate box                                                |  |
| Complete this                                                                             | Change of particulars as director        | 1 lease mark the appropriate con.                                                 |  |
| section in all cases where                                                                | (                                        | If change of particulars etc. is as director                                      |  |
| particulars have                                                                          | Change of particulars as secretary       | ZS and secretary mark both boxes                                                  |  |
| changed and                                                                               | Forenames (name previously               |                                                                                   |  |
| then the                                                                                  | notified to                              |                                                                                   |  |
| appropriate section below.                                                                | Companies                                |                                                                                   |  |
|                                                                                           | Surname Megistry                         |                                                                                   |  |
|                                                                                           | <b>S</b>                                 |                                                                                   |  |
| •                                                                                         | Date of birth (directors only)           | DR                                                                                |  |
|                                                                                           |                                          |                                                                                   |  |
| Forenames<br>Surname                                                                      |                                          | XD                                                                                |  |
|                                                                                           |                                          | AD .                                                                              |  |
| Suriane                                                                                   |                                          |                                                                                   |  |
| Change of usual residential address (enter new address)                                   |                                          | AD                                                                                |  |
| Change of usual                                                                           | residential address (effet flew address) | AD                                                                                |  |
| Post town County/Region Postcode                                                          |                                          |                                                                                   |  |
|                                                                                           |                                          |                                                                                   |  |
|                                                                                           |                                          | Country                                                                           |  |
| Other Change                                                                              | (please specify)                         | Country                                                                           |  |
| Other Change                                                                              | (piease specify)                         |                                                                                   |  |
| A serving director/secretary etc. must also sign the form below                           |                                          |                                                                                   |  |
| Γ                                                                                         |                                          | A serving director/secretary etc. must also sign the form below                   |  |
|                                                                                           |                                          | 11/////                                                                           |  |
|                                                                                           |                                          | 1/1/k bon 1/2                                                                     |  |
| Signature                                                                                 |                                          | Signed ///le/JM/ Date 2 May 2067                                                  |  |
|                                                                                           |                                          | (by a serving director/secretary/administrator/administrative                     |  |
|                                                                                           |                                          | receiver). (Delete as appropriate)                                                |  |
| After signing ple                                                                         | ase return the form to the               | receiver). (Detete as appropriate)                                                |  |
| Registrar of Com                                                                          |                                          |                                                                                   |  |
| Waterfront Plaza                                                                          |                                          |                                                                                   |  |
| 8 Laganbank Ro                                                                            |                                          |                                                                                   |  |
| Belfast, BT1 3BS                                                                          |                                          |                                                                                   |  |
|                                                                                           |                                          |                                                                                   |  |
| To whom should Companies Registry direct any enquires about the information on this form? |                                          | Jill Long, Group Secretariat, Ulster Bank Limited, 11-16 Donegall Square East,    |  |
|                                                                                           |                                          | Belfast, BT1 5UB                                                                  |  |
|                                                                                           |                                          | Tel: 02890 276463                                                                 |  |
|                                                                                           |                                          | 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1                                          |  |

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