

Please complete in typescript, or in bold black capitals

RESIGNATION of director or secretary (NOT for appointment (use Form 288a) or change of particulars (use Form 288c))

CHFP029

	Compa	any Number	34674	18					
Company Name in full				Boots Insurance Services Limited					
				_					
Resignatio	n								
form			Day	Month_	Year				
Date of resignation		te of resignation	0 1	0 4	2 0 0 0				
	Resigna	Resignation as director			as secretary		Please mark the appropriate box. If re is as a director and secretary mark both		
Please insert details as previously notified to Companies Hous	NAME	*Style / Title	MR *Honours etc						
		Forename(s)	STEPHEN GEORGE						
	ouse.	Surname	RUSSE	LL					
			Day	Month_	Year	1			
†Date of Birth			1 3	0 3	1 9 4 5				
If cessation is other than resignation, please state reason									
			A serv	ing dire	ector, secretary	etc mus	st sign the forr	n below.	
* Voluntary details. † Directors only. ** Delete as appropriate the second of the seco		Signed		Sfe	mell		Date	11.4.00	
Delete as appro	pi lato		(** serving director / secretary / administrator / administrative receiver / receiver manager / receiver)						
			SONIA FENNELL, THE BOOTS COMPANY PLC, GROUP HEADQUARTERS, NOTTINGHAM, ,, NG2 3AA						

DX number 712061

contact if there is any query.

Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should

A43 COMPANIES HOUSE

0124 13/04/00

Form revised July 1998

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 or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in Scotland DX 235 Edinburgh

Tel 0115-968 7094

DX exchange BEESTON 2