

Please complete in typescript, or in bold black capitals.
CHWP000

288b

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

| | of particulars (use Form 288c)) | | | | | | | |
|----------------------------|---|---|--|--|--|---|---------------------------------------|--|
| any Number | 043992 | 201 | | | | | | |
| Name in full | VISION SERVICES AND PRODUCTS LIMITED , | | | | | | | |
| | Day | Month 06 | 20 | 0 8 | | Please ma | rk the appropriate box If terminating | |
| as director | | | as secretary | etary | √ | both boxes | nt as a director and secretary mark | |
| *Style / Title | | | | | *Ho | nours etc | | |
| Forename(s) | FABLE | FORCE | NOMINI | EES | | | | |
| Surname | | | | | | | | |
| [†] Date of Birth | Day | Month | Yea | ar | | | | |
| | of appointment as director *Style / Title Forename(s) Surname | Day of appointment as director *Style / Title Forename(s) Surname Day | Day Month of appointment as director *Style / Title Forename(s) Day Month FABLEFORCE Surname Day Month | Any Number 04399201 Name in full VISION SERVICES AN Day Month Year of appointment 1000000000000000000000000000000000000 | Any Number O4399201 Name in full Day Month Year of appointment as director *Style / Title Forename(s) FABLEFORCE NOMINEES Surname Day Month Year | Any Number 04399201 Name in full VISION SERVICES AND PRODUCT Day Month Year of appointment o o o o o o o o o o o o o o o o o | Name in full Day Month Year | |

| 4 sei | rving | director, | secretary | etc | must | sıgn | the | form | bel | ow |
|-------|-------|-----------|-----------|-----|------|------|-----|------|-----|----|
|-------|-------|-----------|-----------|-----|------|------|-----|------|-----|----|

| Voluntary details | 1 CM munit | | 10/01 | | |
|---|----------------------------------|--|---------------------------------------|--|--|
| † Directors only ** Delete as appropriate | (** serving director / secretary | / administrator / administrative red | ceiver / receiver manager / receiver) | | |
| You do not have to give any contact information in the box opposite but | | and the last of th | | | |
| f you do, it will help Companies | | | | | |
| House to contact you if there is a query on the form. The contact | | and the second s | | | |
| information that you give will be visible to searchers of the public | Tel | | | | |
| - ' | DX number | DX exchange | | | |

A42 18/06/2008
COMPANIES HOUSE

When you have completed and signed the form please send it to the Registrar of Companies at

Companies House, Crown Way, Cardiff, CF14 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

DX 235 Edinburgh or LP - 4 Edinburgh