

## 288b

Please complete in typescript,

Terminating appointment as director or secretary

| or in bold black capitals.<br>CHFP029                                                                                            |                | of particulars (use Form 288c))                                                                           |                   |                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------|
| Company Number Company Name in full                                                                                              |                | 4415746                                                                                                   |                   | ,,                                                               |
|                                                                                                                                  |                | Great Western Arcade 1 Limited                                                                            |                   |                                                                  |
|                                                                                                                                  |                |                                                                                                           |                   |                                                                  |
|                                                                                                                                  |                |                                                                                                           |                   |                                                                  |
|                                                                                                                                  |                | Day Month Year                                                                                            |                   |                                                                  |
| Date of termination of appointment                                                                                               |                | 2 8 0 4 2 0 0 4                                                                                           |                   |                                                                  |
|                                                                                                                                  | as director    | as secretary                                                                                              |                   | appropriate box. If terminating<br>a director and secretary mark |
| ı                                                                                                                                | *Style / Title | Mr                                                                                                        | *Honours etc      |                                                                  |
| Please insert<br>details as                                                                                                      | Forename(s)    | Peter Richard                                                                                             |                   |                                                                  |
| previously<br>notified to<br>Companies House.                                                                                    | Surname        | Best                                                                                                      |                   |                                                                  |
|                                                                                                                                  |                | Day Month Year                                                                                            |                   |                                                                  |
|                                                                                                                                  | †Date of Birth | 0 8 0 9 1 9 5 9                                                                                           |                   |                                                                  |
|                                                                                                                                  |                |                                                                                                           |                   |                                                                  |
|                                                                                                                                  |                |                                                                                                           |                   |                                                                  |
|                                                                                                                                  |                |                                                                                                           |                   |                                                                  |
|                                                                                                                                  |                |                                                                                                           |                   |                                                                  |
|                                                                                                                                  |                | A serving director, secretary e                                                                           | etc must sign the | form below.                                                      |
| * Voluntary details.                                                                                                             | Signed         | Fraucy                                                                                                    | Date              | 30-04-04                                                         |
| † Directors only.  **Delete as appropriat                                                                                        | ate            | (** serving director / secretary / administrator / administrative receiver / receiver manager / receiver) |                   |                                                                  |
| Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should |                | Fiona Molloy                                                                                              |                   |                                                                  |
|                                                                                                                                  |                | M & G Limited, Laurence Pountney Hill, London, EC4R 0HH.                                                  |                   |                                                                  |
| contact if there is an                                                                                                           |                | Tel                                                                                                       |                   |                                                                  |
|                                                                                                                                  |                | DX number DX                                                                                              | X exchange        |                                                                  |
|                                                                                                                                  | <b>)</b>       | When you have completed and signed the form please send it to the Registrar of Companies at:              |                   |                                                                  |



Form revised 1999

06/05/04

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh