



Companies House
— for the record —

AP01 (ef)

Appointment of Director



X21HI9NE

Company Name: **ABSENCE MATTERS LIMITED**

Company Number: **06594985**

Received for filing in Electronic Format on the: **04/02/2013**

New Appointment Details

Date of Appointment: **30/11/2012**

Name: **MR ALPHONSE HEMOND**

Consented to Act: **YES**

Service Address: **100 COMMERCIAL STREET
PORTLAND
MAINE 04101
USA**

Country/State Usually Resident: **USA**

Date of Birth: **08/04/1959**

Nationality: **AMERICAN**

Occupation: **INSURANCE EXECUTOR**

Former Names:

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver Manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.