

BR6

CHWP000

This form should be completed in

black

This notice must be delivered to the Registrar within 21 days of the alteration being made

Company number

Company name

Branch name (if different to corporate name) Return of change of person authorised to accept service or to represent the branch of an oversea company or of any change in their particulars

(Pursuant to Schedule 21A, paragraph 7(1) of the Companies Act 1985)

Day

FC027207 Branch number 009129
NHP SECURITIES NO 12 LTD.

Month

TERMINATION OF AUTHORITY

See overleaf for appointments and change of particulars

Position vacated (Mark appropriate box(es))

Date of termination

Person authorised to accept service on the company's behalf

Person authorised to represent the company at the branch

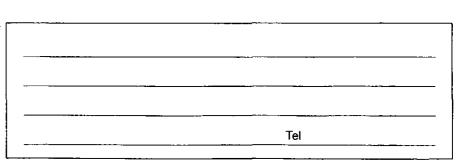
Year

Complete these details for resignation of any person authonsed to accept service or process on the company's behalf or who was authonsed to represent the company in relation to the business of the branch

Name	 		
Address			
	 	- · ·	

You do not have to give any contact information in the box opposite but if you do, it will help Companies. House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

(10/03)



A21

19/06/2007 COMPANIES HOUSE

441

When completed, this form should be delivered to the address on page 4

APPOINTMENT Persons authorised to represent the company or who may accept service or process Give the name and address of the

Give the name and address of the person appointed, together with the date of appointment. Mark the box(es) relevant to the appointment. If the appointment is to both positions mark both boxes

th Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985

* Delete as appropriate

SCOPE OF AUTHORITY

Give brief particulars of the extent of the powers exercised (e.g. whether they are limited to powers expressly conferred by the instrument of appointment, or whether they are subject to express limitations.)

Where the powers are exercised jointly give the name(s) of the person(s) concerned.

Mark box(es) as appropriate

* Style / Title Mr					
Forenames	Paul Vincent				
Surname	Taylor				
Address tt	Destiny 49 The Highway				
Post town	South Sutton				
County / Region Surrey Postcode SM2 5QS		Postcode SM2 5QS			

Date of appointment

Day Month Year

1 2 1 2 2 0 0 6

The authority to represent the company is -

- x # Is authorised to accept service of process on the company's behalf
- * AND/OR

The extent of the authority to represent the company is - (give details)

The directors have the power to do any and all acts necessary or convenient to or for the furtherance of the purposes of limited companies as permitted under the law of the jurisdiction of the company's incorporation

These powers -

x May be exercised alone

OR

Must be exercised with -

(Give name(s) of co-authorised person(s))

CHANGE OF					
PARTICULARS	Day Month Year				
Mark the appropriate box. If change relates to both positions, mark both boxes	Date of change				
Name previously notified to Companies House	Forenames Surname				
Change New name	Surname				
Change of residential address to (enter new address)	Address				
tt Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section	Post town County / Region Postcode Country				
723B of the Companies Act 1985					
Change of authority to act					
(this part does not apply to a person authorised to accept service on behalf of the company)	The extent of the authority of the above person to represent the company has been altered to - [give details]				
Give brief particulars of any change in the authority of the officer to represent the company, including any alteration to the manner in which the existing or new powers may be exercised (e.g. requiring them to be exercised with other persons)	The powers - # May be exercised alone				
# Mark appropriate box	# Must be exercised with (Give name(s) of co-authorised person(s))				
Signature	Signed Rub 10: (director / secretary / permanent representative)				
Oelete as applicable	Date 21.2007				