

Please complete in typescript,

Form revised March 1995

## 288b

DX 235 Edinburgh

Resignation of director or secretary

| or in bold black  | capitals  |                 |  |       |      |                           |   |  |
|---|---|-----------------|--|-------|------|---------------------------|---|--|
|   | •   |                 |  | 2C55  |      |                           |   |  |
| Company Number  |   |                 | Z55  |       |      |                           |   |  |
|   |   |                 |  |       |      |                           |   |  |
|   | LONDON HYDRAULIC POWER COMPANY  |                 |  |       |      |                           |   |  |
| * F28   | 8BD40 *   |                 |  |       |      |                           |   |  |
| Resignatio  | n   |                 |  |       |      |                           |   |  |
| form  |   |                 | Day  | Month | Year |                           |   |  |
|   | Date of resignation   |                 | 14   | 08    | 96   |                           |   |  |
|   | Resignation as director   |                 | as secretary X Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.   |       |      |                           |   |  |
| Please insert<br>details as<br>previously<br>notified to    | NAME  | *Style / Title  | MRS  |       |      | *Honours etc              |   |  |
|   |   | Forename(s)     | SUSAN  |       |      |                           |   |  |
|   | ouse.   | Surname         | BORAMAN  |       |      |                           |   |  |
| Companies Ho  |   | Surname         |  |       |      |                           |   |  |
|   |   |                 | Day  | Month | Year |                           |   |  |
|   |   | † Date of Birth |  |       |      |                           |   |  |
| If cessation is other than resignation, please state reason |   |                 |  |       |      |                           |   |  |
| * Voluntary details.<br>† Directors only.                   |   | Signed          |  | MAR   | my   | ry etc must sign the Date |   |  |
| Please give the name, address                               |   |                 | C J ATHERSYCH  |       |      |                           | - |  |
| a DX number a   | lephone number and, if available, DX number and exchange of e person Companies House should entact if there is any query  |                 | BARNARDS INN 86 FETTER LANE  |       |      |                           |   |  |
|   |   |                 | LONDON EC4A 1ER  |       |      |                           |   |  |
| 1 18 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                    | <b></b> ( |                 | DX nun   | nber  | 1    | DX exchange               |   |  |
| A36 *AGATMRHN* 559  |   |                 | 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 or companies registered in England and Wales  Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB |       |      |                           |   |  |

for companies registered in Scotland