

Companies House
74-76 Campbell St
Sydney NSW 2010

www.incorporations.com.au

Corporate
Network
Ltd

abn : 79 079196768
Ph : 1800 25 7123
Fax : 1800 25 2905

cnl@incorporations.com.au

Notes re our Sample set of ASIC and other Forms :

(1) Document sets differ according to the formation method used when registering the company. This sample set is based on **A Proprietary Company** formed by the **Founder Formation** method.

- In "Founder Formation" the initial directors and shareholders are those nominated by our client - the "founder" may be a partner in the instructing firm or may be one or more of the instructing firms' clients. If the registration "founder" is a partner in our instructing client the default name for the initial share is a "Registration" share. If the "founder" is to be an ongoing director or shareholder in the company, the initial share is usually called a "Founder" share.
- In a "CNL Formation" the initial directors and shareholders are the nominees of CNL. In these instances the initial share is termed a "Registration" share.

The role of the registration "founder" is to facilitate the registration of the company without the instructing firm's clients having to be directly involved at that stage. Usually, after that role is completed, the registration "founder" retires from all roles in the company.

- (2) The attached sample Forms are based on a **Founder Formation** for a proprietary company.
- (3) The printed paper version of these documents is delivered in the usual manner, and the pdf version is also emailed to clients.
- (5) The purpose of the pdf format copy is :
- to assist clients to easily forward them on to their client; and
 - to provide clients with a convenient electronic record.

Yours faithfully,
Corporate Network Ltd

CNL

INCORPORATIONS

CNL

Companies House
74-76 Campbell St
Sydney NSW 2010

www.incorporations.com.au

Corporate
Network
Ltd

abn : 79 079196768
Ph : 1800 25 7123
Fax : 1800 25 2905

cnl@incorporations.com.au

COMPANIES • TRUSTS • SUPERANNUATION FUNDS

Client Firm
Level 10, Client Chambers, 100 Client Street,
Sydney NSW 2000

1-5-2006

Your ref: The PARTNER / The CONTACT

Company Incorporation details:

name : SAMPLE
CNL FOUNDER FORMATION
PTY LIMITED

date : registered by the ASIC on May 1st, 2006

acn : 123 456 789

ASIC FORMS : Attached are pdf copies of the forms lodged to date.

Yours faithfully,
CORPORATE NETWORK LTD

SAMPLE

LODGING PARTY :

CORPORATE NETWORK LTD
Companies House, 74-76 Campbell St.
Sydney NSW 2010
Ph: 02 9212 6399 Fax: 02 9281 1970
email : office@incorporations.com.au
ref: 1001 FOUNDER FORMATION

- **SIGN & RETAIN THIS FORM**
- **DO NOT LODGE MANUALLY**
- **FORM WILL BE LODGED ELECTRONICALLY VIA EDGE**
- **EDGE TRACE: 10012010**

ORIGINAL

Application for registration as an Australian company

Form 201 — Corporations Act 2001

Use this form to apply to ASIC for registration of a company under the Corporations Act 2001.

Related Forms

- 208** - notification of details of shares allotted other than for cash
- 207Z** - certification of compliance with stamp duty law

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

<p>1 Make an application</p>	<p>I/We apply for registration of the company under the Corporations Act 2001, and nominate the State or Territory in which the company will be take to be registered</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 5px;">NSW</div> Give State or Territory												
<p>2 Provide details of the company</p>	<p>Does the company have a proposed company name ?</p> <p><input checked="" type="checkbox"/> yes</p> <p>if yes, the proposed company name is</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-bottom: 10px;"> SAMPLE CNL FOUNDER FORMATION </div> <p>name reservation number (if any) </p> <p><input type="checkbox"/> no</p> <p>the company name on registration will be its Australian Company Number (ACN)</p> <p>Tick the legal elements to apply</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Pty.</td> <td><input type="checkbox"/> Ltd.</td> </tr> <tr> <td><input checked="" type="checkbox"/> Pty</td> <td><input type="checkbox"/> Ltd</td> </tr> <tr> <td><input type="checkbox"/> Proprietary</td> <td><input checked="" type="checkbox"/> Limited</td> </tr> <tr> <td></td> <td><input type="checkbox"/> No Liability</td> </tr> <tr> <td></td> <td><input type="checkbox"/> NL</td> </tr> <tr> <td></td> <td><input type="checkbox"/> no legal elements (s.150 coys only)</td> </tr> </table>	<input type="checkbox"/> Pty.	<input type="checkbox"/> Ltd.	<input checked="" type="checkbox"/> Pty	<input type="checkbox"/> Ltd	<input type="checkbox"/> Proprietary	<input checked="" type="checkbox"/> Limited		<input type="checkbox"/> No Liability		<input type="checkbox"/> NL		<input type="checkbox"/> no legal elements (s.150 coys only)
<input type="checkbox"/> Pty.	<input type="checkbox"/> Ltd.												
<input checked="" type="checkbox"/> Pty	<input type="checkbox"/> Ltd												
<input type="checkbox"/> Proprietary	<input checked="" type="checkbox"/> Limited												
	<input type="checkbox"/> No Liability												
	<input type="checkbox"/> NL												
	<input type="checkbox"/> no legal elements (s.150 coys only)												

Is the proposed name identical to a registered business name(s) ?

yes (if yes, provide business name(s) registration details)

Business number	State/Territory of registration

no

I DECLARE that I make this application for the company name AS, or ON BEHALF of, and with the authority of the registered owner(s) of the above identical business name(s)

Type and class of company
tick one box from each list

Type of company

proprietary company

public company

Class of company

limited by shares

unlimited with a share capital

limited by shares

limited by guarantee

unlimited with a share capital

no liability

Governance of a public company (tick one box only)

The company will rely entirely on replacable rules.

The company has a constitution.

A proposed public company which has adopted a "Constitution" must lodge a copy of the constitution with this application.

If the proposed company is to be a public company **limited by guarantee**, state the amount of the guarantee that each member agrees to in writing.

The amount of the member's guarantee is \$ (Insert amount)

Registered office
You cannot use a PO Box address

At the office of, C/- (if applicable)

Office, unit, level and building name

Street number and Street name

Suburb / City

State / Territory

Postcode

Country (if not Australia)

	<p>Does the company occupy the premises ?</p> <p><input type="checkbox"/> yes</p> <p><input checked="" type="checkbox"/> no</p> <p>if no, name of occupier</p> <p><input type="text" value="Client Firm"/></p> <p><input checked="" type="checkbox"/> Occupier's consent (select box to indicate the statement below is correct)</p> <p>The occupier of the premises has consented in writing to the use of the specified address as the address of the registered office of the company and has not withdrawn that consent.</p>
<p>Office hours for a public company</p>	<p><input type="checkbox"/> a. Registered office of a public company is open to the public each business day from at least 10 am to 12 noon and 2 pm to 4 pm.</p> <p><input type="checkbox"/> b. Registered office of a public company is open to the public each business day from at least 3 hours between 9 am and 5 pm.</p> <p>if b, insert hours open <input type="text" value="from"/> <input type="text" value="am/pm"/> <input type="text" value="close"/> <input type="text" value="from"/> <input type="text" value="am/pm"/></p>
<p>Principal place of business in Australia</p>	<p>if same as registered office, write "as above"</p> <p>Office, unit, level and building name</p> <p><input type="text" value="Suite 15"/> <input type="text" value="Business Centre"/></p> <p>Street number and Street name</p> <p><input type="text" value="100 Commercial Street"/></p> <p>Suburb / City <input type="text" value="Sydney"/> State / Territory <input type="text" value="NSW"/></p> <p>Postcode <input type="text" value="2000"/> Country (if not Australia) <input type="text"/></p>
<p>3 Identify ultimate holding company</p>	<p>Will the company have an ultimate holding company upon registration ?</p> <p><input type="checkbox"/> yes</p> <p>if yes, provide the following details of the ultimate holding company</p> <p>Company name</p> <p><input type="text"/></p> <p>ACN/ARBN/ABN <input type="text"/> Country of incorporation (if not Australia) <input type="text"/></p> <p><input checked="" type="checkbox"/> no</p>

4 Appoint officeholder(s)	give details below of the person(s) who have consented in writing to become a director/secretary of the company	
Office(s) held: <input checked="" type="checkbox"/> Director <input type="checkbox"/> Secretary	Family name <input type="text" value="PARTNER"/> Given names <input type="text" value="The"/> Former name <input type="text"/> Unit, floor, building name <input type="text"/> Street number and Street name <input type="text" value="100 Partner's Home Street"/> Suburb / City <input type="text" value="Sydney"/> State / Territory <input type="text" value="NSW"/> Postcode <input type="text" value="2000"/> Country (if not Australia) <input type="text"/> Date of birth (dd/mm/yy): <input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="60"/> Place of birth (town/city) <input type="text" value="Sydney"/> Place of birth (state/country) <input type="text" value="NSW, Australia"/>	
Office(s) held: <input type="checkbox"/> Director <input type="checkbox"/> Secretary	Family name <input type="text"/> Given names <input type="text"/> Former name <input type="text"/> Unit, floor, building name <input type="text"/> Street number and Street name <input type="text"/> Suburb / City <input type="text"/> State / Territory <input type="text"/> Postcode <input type="text"/> Country (if not Australia) <input type="text"/> Date of birth (dd/mm/yy): <input type="text"/> / <input type="text"/> / <input type="text"/> Place of birth (town/city) <input type="text"/> Place of birth (state/country) <input type="text"/>	
Office(s) held: <input type="checkbox"/> Director <input type="checkbox"/> Secretary	Family name <input type="text"/> Given names <input type="text"/> Former name <input type="text"/> Unit, floor, building name <input type="text"/> Street number and Street name <input type="text"/> Suburb / City <input type="text"/> State / Territory <input type="text"/> Postcode <input type="text"/> Country (if not Australia) <input type="text"/> Date of birth (dd/mm/yy): <input type="text"/> / <input type="text"/> / <input type="text"/> Place of birth (town/city) <input type="text"/> Place of birth (state/country) <input type="text"/>	

5 Details of members

Use this section to notify the name and address of each person who consents to become a member. If shares are jointly owned, provide names and addresses of all joint-owners on a separate sheet, clearly indicating the share class and with whom the shares are jointly owned.

Member details and shareholding
Please indicate the member's name, address and shareholding (if applicable)

Family name
PARTNER

Given names
The

OR

Company name

ACN/ARBN/ABN

At the office of, C/- (if applicable)

Office, unit, level, or PO Box number

Street number and Street name
100 Partner's Home Street

Suburb / City Sydney State / Territory NSW


Postcode 2000 Country (if not Australia)

In the following table give:

- the class and number of shares the above member has agreed in writing to take up; and
- the amount the member has agreed in writing to pay for each share, or if the amount is not paid in full on registration, the amount the member has agreed in writing to be unpaid on the share

share class code	number of shares taken up	Amount agreed to pay per share	Total \$ paid on these shares	Amount unpaid per share	Total \$ unpaid on these shares	fully paid (y/n)	Beneficially held (y/n)
REGR	1	\$ 1-00	\$ 1-00	\$ 0-00	\$ 0-00	YES	YES

the above shares are Jointly-Owned
details of the joint-owners are set out in the Joint-Owners Attachment to this sheet

Declaration by applicant	<p>I/we apply for registration of a company on the basis of the information in this form and any attachments. I/we have the necessary written consents and agreements referred to to the application concerning the members and officeholders and I/we shall give the consents and agreements to the company after the company becomes registered. The information provided in this application and in any annexures is true and correct at the time of signing.</p>
Signature of applicant provide family and given names OR corporation name (include ACN/ARBN) (if applicable)	<p>Name of applicant <input type="text" value="The PARTNER"/></p> <p>Capacity of applicant: <input checked="" type="checkbox"/> Natural person <input type="checkbox"/> Officeholder of corporation</p> <p>Signature of applicant: </p> <p>Date signed (dd/mm/yy): <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Address of Applicant: Office, suite, level, building <input type="text" value="Level 10 , Client Chambers"/> Street number and Street name <input type="text" value="100 Client Street"/> Suburb / City <input type="text" value="Sydney"/> State / Territory <input type="text" value="NSW"/> Postcode <input type="text" value="2000"/></p> <p>Name of agent (if an agent has signed on behalf of the applicant, show name below): <input type="text" value="Marea Ellen HOWE (Director of Corporate Network Ltd, Agent for the Applicant)"/></p>
Lodging party details	<p>ASIC registered agent name <input type="text"/></p> <p>ASIC registered agent number <input type="text"/></p> <p>if there is a query regarding this form, ASIC should contact: (one of the following) <input type="checkbox"/> Signatory above <input type="checkbox"/> ASIC registered agent above <input checked="" type="checkbox"/> Lodging party</p> <p>Name of lodging party <input type="text" value="CORPORATE NETWORK LTD"/></p> <p>Office, unit, level or PO Box number <input type="text" value="Companies House"/> Street number and Street name <input type="text" value="74-76 Campbell Street"/> Suburb / City <input type="text" value="Sydney"/> State / Territory <input type="text" value="NSW"/> Postcode <input type="text" value="2010"/> Country (if not Australia) <input type="text"/> DX Number <input type="text"/> DX City/Suburb <input type="text"/> Telephone Number <input type="text" value="02 9212 6399"/></p>

CONSENT RE REGISTERED OFFICE

COMPANY: **SAMPLE CNL FOUNDER FORMATION
PTY LIMITED**

ACN: 123 456 789

To: Australian Securities & Investments Commission

Re Premises at: Level 10, Client Chambers, 100 Client Street,
Sydney NSW 2000

I/We, Client Firm

being the occupier(s) of the above premises, hereby consent to those premises being specified as the address of the Registered Office of the following company:

name of company: SAMPLE

CNL FOUNDER FORMATION
PTY LIMITED

ACN of company: 123 456 789

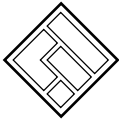
Signature of
Occupier: _____

Date Consent Given: May 1st, 2006

NOTE: The above Consent does not have to be lodged with the ASIC.

However, the Corporations Act provides that the ASIC may require production of this consent at any time.

Accordingly, this Consent should be retained by the company.



ASIC

Australian Securities & Investments Commission

LODGING PARTY :

CORPORATE NETWORK LTD
Companies House, 74-76 Campbell St.
Sydney NSW 2010
Ph: 02 9212 6399 Fax: 02 9281 1970
email : office@incorporations.com.au
ref: 1001



Change to company details

Form 484 — Corporations Act 2001

Section B

Section B may be lodged independently if no changes are to be notified via Sections A or C.

Use this form to notify ASIC of:

- B1 **Appoint company officeholder**
- B2 **Cease company officeholder**
- B3 **Change to special purpose company status**

Related Forms

- 484 A** - change of address, name (officeholders or members), details (ultimate holding company)
- 484 C** - issue/cancel shares, change share structure and members' register

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

Company details	Company name	SAMPLE CNL FOUNDER FORMATION PTY LIMITED	
	ACN/ARBN/ABN:	123 456 789	Corporate Key:

B1 Appoint company officeholder

Use this section to notify appointment of a company officeholder.
You need to notify details separately for each new officeholder.

Role of appointed officeholder
(select one or more boxes)

Director Secretary Alternate Director

Date of appointment

(dd/mm/yy) : / /

Name

The name of the appointed officeholder is (provide full given names, not initials)

Family name

HOWE

Given names

Maurice James

Place of birth (town/city)

Sydney

(state/country)

NSW, Australia

Date of Birth (dd/mm/yy) :

/ /

Former name
(eg change by deed poll, marriage)

Their previous name was (provide full given names, not initials)

Family name

Given names

Residential address

The residential address of the appointed officeholder is

Unit, floor

Building

Street number and Street name

354 Victoria Place

Suburb / City

Drummoyne

State / Territory

NSW

Postcode

2047

Country (if not Australia)

If an 'Alternate director', for whom

Note:

Where an Alternate director is appointed, please attach the terms of appointment to this change form. (refer to the guide for annexure requirements)

The appointed 'Alternate director' is alternate for

(person alternate for)

Family name

Given names

Expiry date (if applicable) (dd/mm/yy) :

/ /

Has the role been extended ? (select one box)

Yes

No

B2 Cease company officeholder

Use this section to notify appointment of a company officeholder.
You need to notify details separately for each new officeholder.

Role of ceased officeholder
(select one or more boxes)

- Director
 Secretary
 Alternate Director

Person alternate for

Date officeholder ceased

(dd/mm/yy) : / /

Name

The name of the ceased officeholder is

Family name

Given names

Place of birth (town/city)

(state/country)

Date of Birth (dd/mm/yy) :

/ /

B2 Cease another company officeholder

Role of ceased officeholder
(select one or more boxes)

- Director
 Secretary
 Alternate Director

Person alternate for

Date officeholder ceased

(dd/mm/yy) : / /

Name

The name of the ceased officeholder is

Family name

Given names

Place of birth (town/city)

(state/country)

Date of Birth (dd/mm/yy) :

/ /

B3 Change to special purpose company status

Use this section to notify if the company has commenced or ceased status as one of the special purpose company designations below.

Note : If you indicate that your company has commenced status as one of the special purpose company designations listed below, ASIC will send a declaration for you to complete and return. Special purpose company designations are defined under Regulation 2A of the Corporations (Fees) Regulations.

The change is

< Commence

Home unit company

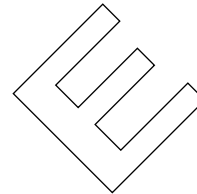
Superannuation trustee company

For charitable purposes only

Cease

Date of change (dd/mm/yy) : / /

SAMPLE



Signature

this form must be signed by
a current officeholder
of the company

I certify that the information in this form is true and complete

Name

Maurice James HOWE

Capacity: Director Company Secretary

Signature:

Date signed (dd/mm/yy): 01 / 05 / 06

Lodging party details

Please notify the registered agent details (if applicable)
and to whom queries about this form should be directed

Registered agent details

If this form is being lodged
by an ASIC registered agent,
please complete agent name
and number

ASIC registered agent name

ASIC registered agent number

Queries about this form

if there is a query regarding this form, ASIC should contact: (one of the following)

Signatory above ASIC registered agent above Lodging party

Name of lodging party

CORPORATE NETWORK LTD

Office, unit, level, or PO Box number

Building

Companies House

Street number and Street name

74-76 Campbell Street

Suburb / City

Sydney

State / Territory

NSW

Postcode

2010

Country (if not Australia)

DX Number

DX City/Suburb

Telephone Number

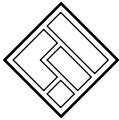
02 9212 6399

Mail

Send completed and signed forms to:
Australian Securities and Investments Commission,
PO Box 4000, Gippsland Mail Centre VIC 3841

For help or more information

Telephone 03 5177 3988
Email info.enquiries@asic.gov.au
Web www.asic.gov.au/easylodge

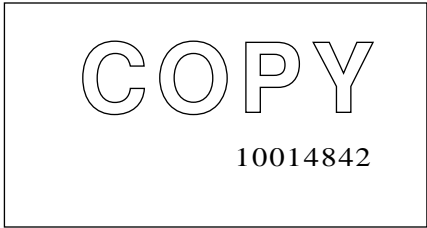


ASIC

Australian Securities & Investments Commission

LODGING PARTY :

CORPORATE NETWORK LTD
Companies House, 74-76 Campbell St.
Sydney NSW 2010
Ph: 02 9212 6399 Fax: 02 9281 1970
email : office@incorporations.com.au
ref: 1001



Change to company details

Form 484 — Corporations Act 2001

Section B

Section B may be lodged independently if no changes are to be notified via Sections A or C.

Use this form to notify ASIC of:

- B1 Appoint company officeholder**
- B2 Cease company officeholder**
- B3 Change to special purpose company status**

Related Forms

- 484 A** - change of address, name (officeholders or members), details (ultimate holding company)
- 484 C** - issue/cancel shares, change share structure and members' register

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

Company details	Company name	SAMPLE CNL FOUNDER FORMATION PTY LIMITED	
	ACN/ARBN/ABN:	123 456 789	Corporate Key:

B1 Appoint company officeholder

Use this section to notify appointment of a company officeholder.
You need to notify details separately for each new officeholder.

Role of appointed officeholder
(select one or more boxes)

Director Secretary Alternate Director

Date of appointment

(dd/mm/yy) : / /

Name

The name of the appointed officeholder is (provide full given names, not initials)

Family name

Given names

Place of birth (town/city)

Date of Birth (dd/mm/yy) : / /

Former name
(eg change by deed poll, marriage)

Their previous name was (provide full given names, not initials)

Family name

Given names

Residential address

The residential address of the appointed officeholder is

Unit, floor

Building

Street number and Street name

Suburb / City

State / Territory

Postcode

Country (if not Australia)

If an 'Alternate director', for whom

Note:

Where an Alternate director is appointed, please attach the terms of appointment to this change form. (refer to the guide for annexure requirements)

The appointed 'Alternate director' is alternate for

(person alternate for)

Family name

Given names

Expiry date (if applicable) (dd/mm/yy) : / /

Has the role been extended ? (select one box)

Yes

No

B1 Appoint another company officeholder

Use this section to notify appointment of a company officeholder. You need to notify details separately for each new officeholder.

Role of appointed officeholder
(select one or more boxes)

Director Secretary Alternate Director

Date of appointment

(dd/mm/yy) : / /

Name

The name of the appointed officeholder is (provide full given names, not initials)

Family name

Given names

Place of birth (town/city)

Date of Birth (dd/mm/yy) :

/ /

Former name
(eg change by deed poll, marriage)

Their previous name was (provide full given names, not initials)

Family name

Given names

Residential address

The residential address of the appointed officeholder is

Unit, floor

Building

Street number and Street name

Suburb / City

State / Territory

Postcode

Country (if not Australia)

If an 'Alternate director', for whom

Note:

Where an Alternate director is appointed, please attach the terms of appointment to this change form. (refer to the guide for annexure requirements)

The appointed 'Alternate director' is alternate for

(person alternate for)

Family name

Given names

Expiry date (if applicable) (dd/mm/yy) :

/ /

Has the role been extended ? (select one box)

Yes

No

B2 Cease company officeholder

Use this section to notify appointment of a company officeholder. You need to notify details separately for each new officeholder.

Role of ceased officeholder
(select one or more boxes)

Director
 Secretary
 Alternate Director Person alternate for

Date officeholder ceased

(dd/mm/yy) : / /

Name

The name of the ceased officeholder is

Family name

Given names

Place of birth (town/city) (state/country)
 NSW, Australia

Date of Birth (dd/mm/yy) : / /

B2 Cease another company officeholder

Role of ceased officeholder
(select one or more boxes)

Director
 Secretary
 Alternate Director Person alternate for

Date officeholder ceased

(dd/mm/yy) : / /

Name

The name of the ceased officeholder is

Family name

Given names

Place of birth (town/city) (state/country)

Date of Birth (dd/mm/yy) : / /

B3 Change to special purpose company status

Use this section to notify if the company has commenced or ceased status as one of the special purpose company designations below.

Note : If you indicate that your company has commenced status as one of the special purpose company designations listed below, ASIC will send a declaration for you to complete and return. Special purpose company designations are defined under Regulation 2A of the Corporations (Fees) Regulations.

The change is

Commence

Home unit company

Superannuation trustee company

For charitable purposes only

Cease

Date of change (dd/mm/yy) : / /

SAMPLE

Signature

this form must be signed by
a current officeholder
of the company

I certify that the information in this form is true and complete

Name

Maurice James HOWE

Capacity: Director Company Secretary

Signature:

Date signed (dd/mm/yy): 01 / 05 / 06

Lodging party details

Please notify the registered agent details (if applicable)
and to whom queries about this form should be directed

Registered agent details

If this form is being lodged
by an ASIC registered agent,
please complete agent name
and number

ASIC registered agent name

ASIC registered agent number

Queries about this form

if there is a query regarding this form, ASIC should contact: (one of the following)

Signatory above ASIC registered agent above Lodging party

Name of lodging party

CORPORATE NETWORK LTD

Office, unit, level, or PO Box number

Building

Companies House

Street number and Street name

74-76 Campbell Street

Suburb / City

Sydney

State / Territory

NSW

Postcode

2010

Country (if not Australia)

DX Number

DX City/Suburb

Telephone Number

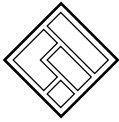
02 9212 6399

Mail

Send completed and signed forms to:
Australian Securities and Investments Commission,
PO Box 4000, Gippsland Mail Centre VIC 3841

For help or more information

Telephone 03 5177 3988
Email info.enquiries@asic.gov.au
Web www.asic.gov.au/easylodge

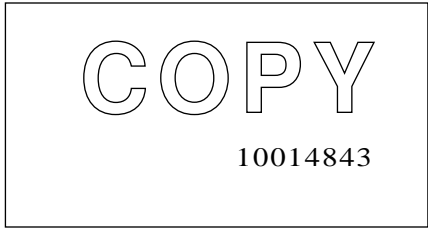


ASIC

Australian Securities & Investments Commission

LODGING PARTY :

CORPORATE NETWORK LTD
Companies House, 74-76 Campbell St.
Sydney NSW 2010
Ph: 02 9212 6399 Fax: 02 9281 1970
email : office@incorporations.com.au
ref: 1001



Change to company details

Form 484 — Corporations Act 2001

Section C

Section C may be lodged independently if no changes are to be notified via Sections A or B.

Use this form to notify ASIC of:

- C1 **Change to share structure table**
- C2 **Issue of shares**
- C3 **Cancellation of shares**
- C4 **Changes to members' register**

Related Forms

- 484 A** - change of address, name (officeholders or members), details (ultimate holding company)
- 484 B** - appoint/cease officeholder, change special purpose company status

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

Company details	<p>Company name</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> SAMPLE CNL FOUNDER FORMATION PTY LIMITED </div> <p>ACN/ARBN/ABN: 123 456 789</p> <p>Corporate Key: </p> <p>Is this document being lodged to update the Annual Company Statement that was sent to you? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>			
Section C completion guide	share class code	full title	share class code	full title
<p>Standard share codes</p> <p>Refer to the following table for the share class codes for sections C1, C2, C3 and C4</p>	A B EMP FOU LG MAN ORD RED SPE	A B .. etc employee's founder's life governor's management ordinary redeemable special	PRF CUMP NCP REDP NRP CRP NCRP PARP	preference cumulative preference non-cumulative preference redeemable preference non-redeemable preference cumulative redeemable preference non-cumulative redeemable preference participative preference
<p>If you are using the standard share class codes you do not need to provide a full title for the shares.</p> <p>If you are not using the standard share class code, enter a code of no more than 4 letters and then show the full title.</p>				

Sections to complete

Use the table below to identify the sections of this form to complete (indicate the sections that have been completed)

Completion of this table is optional

	C1 change to share structure table	C2 issue of shares	C3 cancellation of shares	C4 change to member register
Issue of shares				
<input checked="" type="checkbox"/> Proprietary company	√	√	not required	√
Public company <input type="checkbox"/> if in response to the Annual Company Statement	√	√	not required	√
<input type="checkbox"/> if not in response to the Annual Company Statement	not required	√	not required	not required
Cancellation of shares				
<input checked="" type="checkbox"/> Proprietary company	√	not required	√	√
Public company <input type="checkbox"/> if in response to the Annual Company Statement	√	not required	√	√
<input type="checkbox"/> if not in response to the Annual Company Statement	not required	not required	√	not required
Transfer of shares				
<input type="checkbox"/> Proprietary company	not required	not required	not required	√
Public company <input type="checkbox"/> if in response to the Annual Company Statement	not required	not required	not required	√
<input type="checkbox"/> if not in response to the Annual Company Statement	not required	not required	not required	not required
Changes to amounts paid				
<input type="checkbox"/> Proprietary company	√	not required	not required	√
Public company <input type="checkbox"/> if in response to the Annual Company Statement	√	not required	not required	√
<input type="checkbox"/> if not in response to the Annual Company Statement	not required	not required	not required	not required
Changes to beneficial ownership				
<input type="checkbox"/> Proprietary company	not required	not required	not required	√
Public company <input type="checkbox"/> if in response to the Annual Company Statement	not required	not required	not required	√
<input type="checkbox"/> if not in response to the Annual Company Statement	not required	not required	not required	not required

To notify ASIC about a division or conversion of a class of shares, you must lodge a form 211

To notify ASIC about a conversion of shares into larger or smaller numbers, you must lodge a form 2205

C3 Cancellation of shares

Reason for cancellation

Indicate the reason that shares have been cancelled (select one or more boxes)

Redeemable preference shares (S.254J):

- Redeemed out of profits
- Redeemed out of proceeds of a fresh issue of shares

Capital reduction (S.256A - S.256E):

- Single shareholder company
- Multiple shareholder company. A form 2560 must be lodged before a capital reduction takes place.

Share buy-back (ss.257H(3))

- Minimum holding buy-back only
- Other buy-back type. A form 280 or 281 must be lodged at least 14 days, and no more than 1 year before the buy-back can take place.

Forfeited shares (S.258D)

Shares returned to a public company (ss.258E(2)&(3))

- Under section 651C, 724(2), 737 or 738
- Under section 1325A (court order)

Other

Description

Give section reference

Details of cancelled shares

List the details of shares cancelled in the following table

share class code	number of shares cancelled	amount paid (cash or otherwise)
REGR	1	\$ 1-00

Earliest date of change:

Indicate the earliest date that any of the above changes occurred

(dd/mm/yy): / /

C4 Changes to the register of members

Use this section to notify changes to the register of members for your company (changes to the shareholdings of members):

- if there are 20 members or less in a share class, all changes need to be notified
- if there are more than 20 members in a share class, only changes to the top 20 need to be notified (s178B).
- if shares are jointly owned, provide names and addresses of joint-owners on a separate sheet, indicating the share class and with whom shares are jointly owned.

The changes apply to:
Please indicate the name and address of the member whose shareholding has changed

Family name
PARTNER

Given names
The

or
 Company name

ACN/ARBN/ABN:

At the office of, C/- (if applicable)

Office, unit, level, or PO Box number Building

Street number and Street name
100 Partner's Home Street

Suburb / City State / Territory
Sydney NSW

Postcode Country (if not Australia)
2000

The changes are:

share class code	shares increased by (number)	shares decreased by (number)	number now held	total \$ paid on these shares	total \$ unpaid on these shares	fully paid (y/n)	beneficially held (y/n)	top 20 member (y/n)
REGR								

Earliest date of change:

Indicate the earliest date that any of the above changes occurred

(dd/mm/yy): 01 / 05 / 06

Date of entry of member's name in register:

(new members only)

(dd/mm/yy): / /

the above shares are Jointly-Owned
details of the joint-owners are set out in the Joint-Owners Attachment to this sheet

C4 Further Changes to the register of members

Use this section to notify changes to the register of members for your company (changes to the shareholdings of members):

- if there are 20 members or less in a share class, all changes need to be notified
- if there are more than 20 members in a share class, only changes to the top 20 need to be notified (s178B).
- if shares are jointly owned, provide names and addresses of joint-owners on a separate sheet, indicating the share class and with whom shares are jointly owned.

The changes apply to:
Please indicate the name and address of the member whose shareholding has changed

Family name
ONE

Given names
Director

or
 Company name

ACN/ARBN/ABN:

At the office of, C/- (if applicable)

Office, unit, level, or PO Box number Building

Street number and Street name
100 Home Street

Suburb / City State / Territory
Sydney NSW

Postcode Country (if not Australia)
2000

The changes are:

share class code	shares increased by (number)	shares decreased by (number)	number now held	total \$ paid on these shares	total \$ unpaid on these shares	fully paid (y/n)	beneficially held (y/n)	top 20 member (y/n)
ORD								

Earliest date of change:

Indicate the earliest date that any of the above changes occurred (dd/mm/yy): 01 / 05 / 06

Date of entry of member's name in register:

(new members only) (dd/mm/yy): 01 / 05 / 06

the above shares are Jointly-Owned
details of the joint-owners are set out in the Joint-Owners Attachment to this sheet

C4 Further Changes to the register of members

Use this section to notify changes to the register of members for your company (changes to the shareholdings of members):

- if there are 20 members or less in a share class, all changes need to be notified
- if there are more than 20 members in a share class, only changes to the top 20 need to be notified (s178B).
- if shares are jointly owned, provide names and addresses of joint-owners on a separate sheet, indicating the share class and with whom shares are jointly owned.

The changes apply to:
Please indicate the name and address of the member whose shareholding has changed

Family name

Given names

or
 Company name

ACN/ARBN/ABN:

At the office of, C/- (if applicable)

Office, unit, level, or PO Box number Building

Street number and Street name

Suburb / City State / Territory

Postcode Country (if not Australia)

The changes are:

share class code	shares increased by (number)	shares decreased by (number)	number now held	total \$ paid on these shares	total \$ unpaid on these shares	fully paid (y/n)	beneficially held (y/n)	top 20 member (y/n)
APTR								

Earliest date of change:

Indicate the earliest date that any of the above changes occurred (dd/mm/yy): / /

Date of entry of member's name in register:

(new members only) (dd/mm/yy): / /

the above shares are Jointly-Owned
 details of the joint-owners are set out in the Joint-Owners Attachment to this sheet

Signature

this form must be signed by
a current officeholder
of the company

I certify that the information in this form is true and complete

Name

Maurice James HOWE

Capacity: Director Company Secretary

Signature:

Date signed (dd/mm/yy): 01 / 05 / 06

Lodging party details

Please notify the registered agent details (if applicable)
and to whom queries about this form should be directed

Registered agent details

If this form is being lodged
by an ASIC registered agent,
please complete agent name
and number

ASIC registered agent name

ASIC registered agent number

Queries about this form

if there is a query regarding this form, ASIC should contact: (one of the following)

Signatory above ASIC registered agent above Lodging party

Name of lodging party

CORPORATE NETWORK LTD

Office, unit, level, or PO Box number

Building

Companies House

Street number and Street name

74-76 Campbell Street

Suburb / City

Sydney

State / Territory

NSW

Postcode

2010

Country (if not Australia)

DX Number

DX City/Suburb

Telephone Number

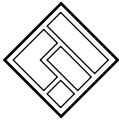
02 9212 6399

Mail

Send completed and signed forms to:
Australian Securities and Investments Commission,
PO Box 4000, Gippsland Mail Centre VIC 3841

For help or more information

Telephone 03 5177 3988
Email info.enquiries@asic.gov.au
Web www.asic.gov.au/easylodge



ASIC

Australian Securities & Investments Commission

LODGING PARTY :

CORPORATE NETWORK LTD
Companies House, 74-76 Campbell St.
Sydney NSW 2010
Ph: 02 9212 6399 Fax: 02 9281 1970
email : office@incorporations.com.au
ref: 1001



Change to company details

Form 484 — Corporations Act 2001

Section B

Section B may be lodged independently if no changes are to be notified via Sections A or C.

Use this form to notify ASIC of:

- B1 Appoint company officeholder**
- B2 Cease company officeholder**
- B3 Change to special purpose company status**

Related Forms

- 484 A** - change of address, name (officeholders or members), details (ultimate holding company)
- 484 C** - issue/cancel shares, change share structure and members' register

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

Company details	Company name	SAMPLE CNL FOUNDER FORMATION PTY LIMITED	
	ACN/ARBN/ABN:	123 456 789	Corporate Key:

B1 Appoint company officeholder

Use this section to notify appointment of a company officeholder.
You need to notify details separately for each new officeholder.

Role of appointed officeholder
(select one or more boxes)

Director Secretary Alternate Director

Date of appointment

(dd/mm/yy) : / /

Name

The name of the appointed officeholder is (provide full given names, not initials)

Family name

Given names

Place of birth (town/city)

(state/country)

Date of Birth (dd/mm/yy) : / /

Former name
(eg change by)
(deed poll, marriage)

Their previous name was (provide full given names, not initials)

Family name

Given names

Residential address

The residential address of the appointed officeholder is

Unit, floor

Building

Street number and Street name

Suburb / City

State / Territory

Postcode

Country (if not Australia)

If an 'Alternate director', for whom

Note:

Where an Alternate director is appointed, please attach the terms of appointment to this change form. (refer to the guide for annexure requirements)

The appointed 'Alternate director' is alternate for (person alternate for)

Family name

Given names

Expiry date (if applicable) (dd/mm/yy) : / /

Has the role been extended ? (select one box)

Yes

No

B2 Cease company officeholder

Use this section to notify appointment of a company officeholder.
You need to notify details separately for each new officeholder.

Role of ceased officeholder
(select one or more boxes)

- Director
- Secretary
- Alternate Director

Person alternate for

Date officeholder ceased

(dd/mm/yy) : / /

Name

The name of the ceased officeholder is

Family name

Given names

Place of birth (town/city)

(state/country)

Date of Birth (dd/mm/yy) : / /

B2 Cease another company officeholder

Role of ceased officeholder
(select one or more boxes)

- Director
- Secretary
- Alternate Director

Person alternate for

Date officeholder ceased

(dd/mm/yy) : / /

Name

The name of the ceased officeholder is

Family name

Given names

Place of birth (town/city)

(state/country)

Date of Birth (dd/mm/yy) : / /

B3 Change to special purpose company status

Use this section to notify if the company has commenced or ceased status as one of the special purpose company designations below.

Note : If you indicate that your company has commenced status as one of the special purpose company designations listed below, ASIC will send a declaration for you to complete and return. Special purpose company designations are defined under Regulation 2A of the Corporations (Fees) Regulations.

The change is

Commence

Home unit company

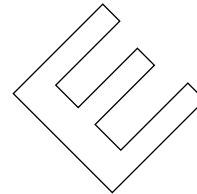
Superannuation trustee company

For charitable purposes only

Cease

Date of change (dd/mm/yy) : / /

SAMPLE



Signature

this form must be signed by
a current officeholder
of the company

I certify that the information in this form is true and complete

Name

Appointor ONE

Capacity: Director Company Secretary

Signature:

Date signed (dd/mm/yy): 01 / 05 / 06

Lodging party details

Please notify the registered agent details (if applicable)
and to whom queries about this form should be directed

Registered agent details

If this form is being lodged
by an ASIC registered agent,
please complete agent name
and number

ASIC registered agent name

ASIC registered agent number

Queries about this form

if there is a query regarding this form, ASIC should contact: (one of the following)

Signatory above ASIC registered agent above Lodging party

Name of lodging party

CORPORATE NETWORK LTD

Office, unit, level, or PO Box number

Building

Companies House

Street number and Street name

74-76 Campbell Street

Suburb / City

Sydney

State / Territory

NSW

Postcode

2010

Country (if not Australia)

DX Number

DX City/Suburb

Telephone Number

02 9212 6399

Mail

Send completed and signed forms to:
Australian Securities and Investments Commission,
PO Box 4000, Gippsland Mail Centre VIC 3841

For help or more information

Telephone 03 5177 3988
Email info.enquiries@asic.gov.au
Web www.asic.gov.au/easylodge

CONSENT RE OFFICE IN COMPANY

TO: COMPANY: SAMPLE
CNL FOUNDER FORMATION PTY LIMITED

FROM: GIVEN NAMES: Maurice James
SURNAME: HOWE
FORMER NAME(S): _____
OCCUPATION: Incorporation Agent
UNIT/SUITE/FL _____ BUILDING: _____
STREET NO. & NAME 354 Victoria Place SUBURB/CITY: Drummoyne
STATE NSW POSTCODE: 2047 COUNTRY: _____
DATE/PLACE OF BIRTH: DATE: 5-5-1947 CITY: Sydney
STATE: NSW COUNTRY: Australia
CONTACTS: PHONE: _____ FAX: _____
EMAIL: _____

CONSENT: I HEREBY confirm my written CONSENT to my appointment
to the OFFICE(S) of: DIRECTOR SECRETARY ALTERNATE
ALTERNATE FOR (NAME): _____

DATE: 1-5-2006

SIGNATURE: 

RESIGNATION

TO (COMPANY): SAMPLE
CNL FOUNDER FORMATION PTY LIMITED
I (NAME): Maurice James HOWE
HEREBY RESIGN AS: Secretary
REASON: end of temporary appointment re lodgement of ASIC forms

DATE: 1-5-2006

SIGNATURE: 

COMPANY NOTES

DATE APPOINTMENTS MADE:	DIRECTOR: _____	RESIGNED: _____
	SECRETARY: <u>1-5-2006</u>	RESIGNED: <u>1-5-2006</u>
	ALTERNATE: _____	RESIGNED: _____
FILED BEHIND:	Earlier/Original written Consent	(dated) : _____
	Advice of Change of Particulars	(dated) : _____
	Contracts this director Interested in	(advice dated) : _____
	Other	(advice dated) : _____

NOTICE OF APPOINTMENT OF PUBLIC OFFICER

To The Deputy Commissioner of Taxation:

TAKE NOTICE that pursuant to and for the purpose of the Income Tax Assessment Act

name
of duly appointed
Public Officer Appointor ONE

whose
signature appears
hereunder in the
specimen signature box
has been duly appointed
Public Officer of

(name of company) SAMPLE

CNL FOUNDER FORMATION PTY LIMITED

(ACN of company) 123 456 789

whose
Registered Office
is situated at: C/- (if applicable) Client Firm

suite/floor Level 10 building: Client Chambers

street no. & name 100 Client Street suburb/city: Sydney

state NSW postcode: 2000

usual occupier (if applicable) Client Firm

and

that the address for
service of notices

if not
the Registered Office

is: C/- (if applicable) _____

suite/floor _____ building: _____

street no. & name _____ suburb/city: _____

state _____ postcode: _____

Signature of a Director: _____ Dated (d/m/y): _____

Name of Director: _____

SPECIMEN SIGNATURE
OF PUBLIC OFFICER:



Form 362

Corporations Act 2001

Notification of appointment or cessation of a registered agent by a company

This form may be used by companies to appoint a registered agent within Australia to act for them, or cease such an appointment.

<p>Company details</p>	<p>Company name</p> <p>SAMPLE CNL FOUNDER FORMATION PTY LIMITED</p> <p>ACN/ARBN/ABN: 123 456 789</p> <p>Corporate Key:</p>
<p>Lodgement details</p> <p>Who should ASIC contact if there is a query about this form ?</p>	<p>Name</p> <p>ASIC registered agent number (if applicable)</p> <p>Telephone No.</p> <p>Office, unit, level, or PO Box number</p> <p>Building</p> <p>Street number and Street name</p> <p>Suburb / City</p> <p>State / Territory</p> <p>Postcode</p>
<p>1 Appointment of a registered agent</p> <p>New appointment</p> <p>Postal address</p>	<p>By appointing an agent, you are authorising ASIC to provide correspondence and details relating to your company, to your agent or their nominee. This includes invoice statements, annual review documentation and other correspondence.</p> <p>ASIC registered agent name</p> <p>ASIC registered agent number</p> <p>At the office of, C/- (if applicable)</p> <p>Office, unit, level, or PO Box number</p> <p>Building</p> <p>Street number and Street name</p> <p>Suburb / City</p> <p>State / Territory</p> <p>Postcode</p>

2 Cessation of a registered agent

Postal address

ASIC registered agent name

ASIC registered agent number

At the office of, C/- (if applicable)

Office, unit, level, or PO Box number

Building

Street number and Street name

Suburb / City

State / Territory

Postcode

Signature

this form must be signed by a **current officeholder** of the company

I certify that the information in this form is true and complete

Name

Capacity: Director

Company Secretary

Signature:

Date signed (dd/mm/yy):

Mail

Send completed and signed forms to:
Australian Securities and Investments Commission
PO Box 4000, Gippsland Mail Centre VIC 3841

For help or more information

Telephone 03 5177 3988
Email info.enquiries@asic.gov.au
Web www.asic.gov.au