

Notification of a change to corporation officers' details

Name of corporation	Durri Aboriginal Corporation M	Durri Aboriginal Corporation Medical Service					
Indigenous Corporation Nu (ICN)	mber 27						
New contact person's/secretary's details (if applicable)							
New contact person's/ secretary's details	Contact person for a sm medium corpor						
Changes to current	contact person's/secretar	ry's details <i>(if applicable)</i>					
Ceased directors de	etails <i>(if applicable</i>)						
	лане (п аррисаюте)						
Director 1	Title Mr						
First	name Kerry	Middle name Edna					
Last	name Wade						
	Date this person stopped being a director of the corporation 20 November						
	This person was a: Direct	ector X Alternate director					
Director 2	Title						
	name Nicole	Middle name Helen					
Last	Turner						
Date this person stopped being a director of the corporation 20 November							
	This person was a: Direct	This person was a: Director X Alternate director					
New directors' deta	ils <i>(if applicable)</i>						
Director 1	Title Ms						

First name	Wendy	Middle na	ame	
Last name	Cowan			
Previous name(s) (if any)				
Residential address	15-19 York Lane			
	KEMPSEYNSW		Postcod	2440
This director will hold office for:	Up to 1 year	Up to 2 years X		
Date of appointment	20 November 2013			
This person is a:	Director X			
	Alternate director	> Terms of the alternate	director's appo	ointment

Declaration	I declare the information provided on this form is correct.	
	Full name	Date
	Judith Clancy	