



Notification of a change to corporation officers' details

Name of corporation

Durri Aboriginal Corporation Medical Service

Indigenous Corporation Number
(ICN)

27

New contact person's/secretary's details *(if applicable)*

Former contact
person's/secretary's
details

Title

Ms

First name

Judith

Middle
name

Leanne

Last name

Clacy

Date this person stopped being the contact person/secretary

12 August 2015

New contact person's/
secretary's detailsContact person for a small or
medium corporation

Secretary of a large corporation X

contact person/
secretary 1

Title

First name

Timothy

Middle name

Charles

Last name

Agius

Previous name(s) *(if any)*

Residential address

4/92 Copeland Street

PENRITH NSW

Postcode

2750

Date this change took effect

12 August 2015

Changes to current contact person's/secretary's details *(if applicable)*

Ceased directors details *(if applicable)*

New directors' details *(if applicable)*

Changes to current directors' details *(if applicable)*

Declaration

I declare the information provided on this form is correct.

Full name

Date

Tim Agius

01 September 2015