

Notification of a change to corporation officers' details

Name of corporation Indigenous Corporation Number (ICN)		Durri Aboriginal Corporation Medical Service			
		27			
New contact per	rson's/se	ecretary's d	etails <i>(if appli</i>	icable)	
Former contact	Title	Ms]		
person's/secretary's details	First name	Katherine Middle name Lynette			
	Last name	Holten			
	Dat	e this person sto	pped being the conta	act person/secre	otary 05 February 2021
New contact person's/ secretary's details	,		person for a small or medium corporation	Secreta	ry of a large corporation X
contact person/	Title	Mr	1		
secretary 1	First name	Robert		Middle name	John
	Last name	Smith			
Previous nam	ne(s) <i>(if any)</i>				
Resider	ntial address	15 Yarravel Stre	eet		
		SOUTH KEMPS	SEY NSW		Postc 2440
Date this change took effect		05 February 2021			
Changes to curr	ent cont	act person'	s/secretary's	details (if a	applicable)
Ceased director	s details	(if applical	ble)		
New directors' o	letails <i>(it</i>	f applicable)		

Changes to current directors' details (if applicable)

Declaration	I declare the information provided on this form is correct.			
	Full name	Date		
	Katherine Holten	08 February 2021		