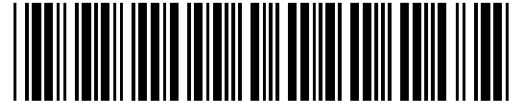




Appointment of Director

Company Name: **SLOUGH CHILDREN'S SERVICES TRUST LIMITED**

Company Number: **09487106**



Received for filing in Electronic Format on the: **05/07/2018**

X79KGNKR

New Appointment Details

Date of Appointment: **01/07/2018**

Name: **PROFESSOR KATHRYN MARY MORRIS**

The company confirms that the person named has consented to act as a director.

Service Address: **DEPT OF SOCIOLOGICAL STUDIES NORTHUMBERLAND
ROAD
SHEFFIELD
ENGLAND
S10 2TU**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/06/1962**

Nationality: **BRITISH**

Occupation: **PROFESSOR**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor