



**Appointment of Director**

Company Name: **CABI EXPERIENCE, LTD**

Company Number: **10091265**



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## **New Appointment Details**

Date of Appointment: **05/08/2019**

Name: **KIMBERLY INSKEEP**

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

Service address recorded as Company's registered office

Country/State Usually Resident: **UNITED STATES**

Date of Birth: **\*\*/06/1959**

Nationality: **AMERICAN**

Occupation: **CEO**

## 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