CORPORATE AFFAIRS COMMISSION



375895

FORM CAC 2.1

PARTICULARS OF PERSON WHO IS THE COMPANY SECRETARY OF A COMPANY OR ANY CHANGES THEREIN

		Pursuant to Section 2	193	
Company Number				
Company Name	DEGREEZ	GLOBIL	RESOURCES	Limited
The above named (Company hereby gives no	tice of the appointme	ent of:	
*	Surname /	RANSIQUA	OSUNMADE.	**
Forenames and Surname In case of individual and name of firms or corporations In case of firm or corporation **	f: Corporate			
22	BLOCK 5, 120 PIPELINE ROY State P.O. Box	10 T - 2 T - 1	TIE 4 1/4 / 1 , City TLOF none No. e-mail	NN PC
**Usual residential address In case of individuals and as	Secretary of the Comp	oany		
Registered office or principa		-7: ***::: U		
office in case of firm or corporation	Indicate whether cha In Secretary	Cha	nge: Yes	No V
Signature of Direct	tor	CORPORATE AFE	Signature of 1	Director
OMITATO ADE	4 18AN 0805433081	×7	Onli TAYOU	0805326224 3 ADESERN ADENULA ector & Tel. No.
	t be accompanied by Board ex	cerpts or resolution of C	a liveril	
Presented for filing b	by:	13:	N I A	01
Name:	E BLEFFING	Warran - Propagation	ditation Number: NBA	TINDI
Address:	24- NIME	SIREL	WOLF - FL A	67(2013
Tel. No. & E-mail:	UX0345+345	2°±	Signature & Date:	00712015

CORPORATE AFFAIRS COMMISSION



COMMISSIONER OF STANIP

Name of Director & Tel. No.

FORM CAC 2 STATEMENT OF SHARE CAPITAL AND RETURN Pursuant to Section 35 & 129 Company Number AND THE DUTY THEREON HAS BEE ASSESSED ACCORDINGLY COMMISSIONER OF STAMP DUTED Company Name DEGREEZ CLOBAL RESOURA STATEMENT OF SHARE CAPITAL THE NOMINAL SHARE CAPITAL OF THE ABOVE NAMED COMPANY IS: 1000000 DIVIDED INTO OF ₩ 00-1 **EACH** RETURN OF ALLOTMENT OF SHARES b. Number of share allotted payable in cash: 000000 Nominal amount of shares so allotted: Amount paid or due payable on each share: Number of shares allotted for consideration other than: Amount to be treated as paid on each such share: The consideration for which such shares have been allotted is as follows: Dated this day of 13

Signature of

1,pc

	S OF SHARE HOLDERS	No. of Shares Alloted	Type of Shares
	(A)		
-	State		
O. Box	Email		
Name:			
	* .		
Address:			
City	State		
P.O. Box	Email		
Name:			
Address:	State Commission State		74
	Court Oby		
City	State State		
P.O. Box	Email		1
Name:	(5)		
Address:	Designature de la		
	State State		
City	State	1.	
P.O. Box	Email		
			T
Name:			
Address:			
5 00			
City	State	MISSION !	
P.O. Box	State Email EM	104/	1
	CORPORATE AFFAIR	34	· ·
	Om That	DAK 61	NIRAN
Signature o	of Director Name of	Director & Te	A CONTRACTOR OF THE PARTY OF TH
	NAME.	and the state of t	****
Presented fo	or filling by:	1000	1000
Name:	Accreditation Number:		vo / 1490
Address:	40-24 NIAMER STREET, WIST 11	MBUF	<u> </u>
Tel. No. & I	E-mail: 08032573457 Signature & Date:	869	62013