(To be tabled at first meeting of directors)

To G.A. & S.L. TAYLOR SUPER PTY LTD Unit 12, 8 PICKARD AVENUE ROCKINGHAM, WA, 6168

## **Consent to act as Director**

I consent to act as director of **G.A. & S.L. TAYLOR SUPER PTY LTD** with effect from the date of this consent.

My personal details are as follows:

Full name	GLENN AARON TAYLOR
Usual residential address	44 MILINA STREET
Town / State / Postcode	HILLMAN, WA 6168
Place of birth	FREMANTLE
Date of birth	19-01-1987

I give you notice of the following:

No Interests to declare.

Signed:

GLENN AARON TAYLOR

Date: 14 October, 2020