

CONSENT TO ACT

To: The Board of Directors of

ALEXKAT PTY LTD
ACN 167 768 836

I hereby consent to act as *Director/Alternate Director/Secretary/Public Officer/Member of the Company and I require you to table at the next meeting of the Company the following information:

FULL NAME: MARK WILLIAM BUCKNALL

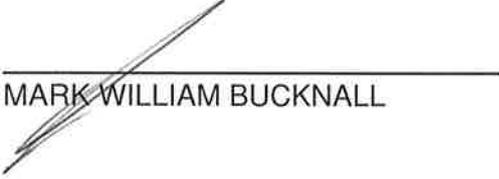
RESIDENTIAL ADDRESS: 5 MARINA STREET
SHORNCLIFFE QLD 4017

FORMER NAME/S:

DATE OF BIRTH: 09/08/1956

PLACE OF BIRTH: BRISBANE, QLD

DATED: 29/01/2014

SIGNATURE: 
MARK WILLIAM BUCKNALL

**Strike out if not applicable*