subregulation 5.6.49(2)
Corporations Act 2001

FORM 535 – FORMAL PROOF OF DEBT OR CLAIM

XL EXPRESS GROUP (ALL ADMINISTRATORS APPOINTED)

("THE COMPANIES")

To the Administrators of XL Express Group (All Administrators Appointed) as listed in Schedule A ("The Companies"):

1. Select one (1) of the Company/s that applies. Please tick only one Company that you are a creditor of *(if you are a creditor of more than one Company, you must complete a new Formal Proof of Debt for the other Company/s).*

Schedule A

Company	ACN	ABN	Tick only ONE
XL Express (Operations) Pty Ltd	069 414 919	29 069 414 919	☐
XL Express (Distribution) Pty Ltd	059 663 124	83 059 663 124	☐
XL Express Pty Ltd	098 743 901	54 098 743 901	☐
Express Regional Distribution Pty Ltd	068 423 067	37 068 423 067	☐
XL Express (Services) Pty Ltd	075 030 974	22 075 030 974	☐
XL Express (Holdings) Pty Ltd	600 006 979	23 600 006 979	☐
A.C.N. 059 888 023 Pty Ltd (formerly XL Express Management Pty Ltd)	059 888 023	12 059 888 023	☐
XL Express (Staffing) Pty Ltd	069 414 839	99 069 414 839	☐
XL Express (Personnel) Pty Ltd	097 597 272	28 097 597 272	☐
XL Express (Corporate) Pty Ltd	600 006 782	80 600 006 782	☐
XL Express (Linehaul) Pty Ltd	147 805 687	65 147 805 687	☐
Australian Linehaul Express Pty Ltd	114 837 428	66 114 837 428	☐
XL Express (WMH) Pty Ltd	059 629 300	40 059 629 300	☐
XL Express (Management) Pty Ltd	638 229 099	63 638 229 099	☐
XL Express (Logistics) Pty Ltd	633 789 134	80 633 789 134	☐
XL Logistics Pty Ltd	132 439 064	N/A	☐
TL Distribution Pty Ltd	638 229 106	N/A	☐

2. This is to state that the Company was on 27 June 2025, and still is, justly and truly indebted to:.....
.....
.....
(full name, ABN and address of the creditor and, if applicable, the creditor's partners)
for $ ..... *(dollars and cents)*

Particulars of the debt are:

Date	Consideration	Amount ($/c)	Remarks
	(state how the debt arose)		*(include details of voucher substantiating payment)*

3. To my knowledge or belief the creditor has not, nor has any person by the creditor's order, had or received any satisfaction or security for the sum or any part of it except for the following:.....
.....
(insert particulars of all securities held. If the securities are on the property of the company, assess the value of those securities. If any bills or other negotiable securities are held, show them in a schedule in the following form).

Date	Drawer	Acceptor	Amount ($/c)	Due Date

4. Signed by *(select correct option)*:

☐ I am the creditor personally

☐ I am employed by the creditor and authorised in writing by the creditor to make this statement. I know that the debt was incurred for the consideration stated and that the debt, to the best of my knowledge and belief, remains unpaid and unsatisfied

☐ I am the creditor's agent authorised in writing to make this statement in writing. I know the debt was incurred for the consideration stated and that the debt, to the best of my knowledge and belief, remains unpaid and unsatisfied.

Signature: ..... Dated: .....

Name: ..... Occupation: .....

Address: .....

** If prepared by an employee or agent of the creditor, also insert a description of the occupation of the creditor*

RECEIVE REPORTS BY EMAIL	**YES**	**NO**
Do you wish to receive all future reports and correspondence from our office via email?	☐	☐
Email:		

If being used for the purpose of voting at a meeting:

a) Is the debt you are claiming assigned to you? ☐ Yes ☐ No

b) If yes, attach written evidence of the debt, the assignment and consideration given. ☐ Attached

c) If yes, what value of consideration did you give for the assignment (eg, what amount did you pay for the debt?) $ .....

d) f yes, are you a related party creditor of the Company? (If you are unsure contact the Administrators) ☐ Yes ☐ No