


Lend Lease
CORPORATION

Company – Lend Lease Corporation Limited
File No 82-3498

31 December 2002



Lend Lease
Corporation Limited
ABN 32 000 226 228

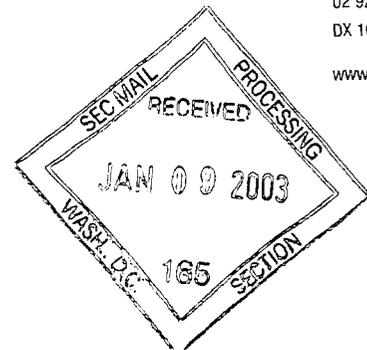
Level 46
Tower Building
Australia Square
Sydney NSW 2000
Australia

Telephone
02 9236 6111
Facsimile
02 9252 2192
DX 10230 SSE

www.lendlease.com

Securities and Exchange Commission
450 Fifth Street, NW
Washington DC 20549
U S A

SUPPL



Attention: Filing Clerk

Dear Sir,

Re: **Company:** Lend Lease Corporation Limited
File No: 82 - 3498

Pursuant to Rule 12g3-2(b) of the Securities Exchange Act of 1934, the following documents are submitted in respect of the above registration:

Date	Document
31 December 2002	Announcement to Australian Stock Exchange Retirement of Director – A Aiello
31 December 2002	Australian Securities and Investments Commission Lodgement Form 304 – Notification of Change to Officeholders

Yours faithfully

S. Sharpe
S J Sharpe
Company Secretary

PROCESSED

T **JAN 22 2003**

**THOMSON
FINANCIAL**

dlw 1/14



31 December 2002

The Manager
Companies Section
Australian Stock Exchange Limited (Sydney)

The Manager
Companies Section
New Zealand Stock Exchange

By electronic lodgement

By email: announce@nzse.co.nz

Pages: One (1) page

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Dear Sir

**Re: Stock Exchange Announcement
Retirement of Director**

As previously announced, Mr Albert Aiello retires from the Board of Lend Lease Corporation Limited ("Lend Lease") today.

The Board wishes to record its appreciation to Albert for his contribution over the last 4 years as a Lend Lease Director.

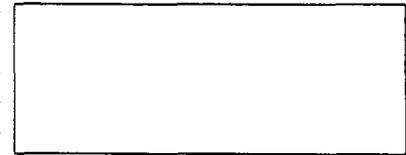
Yours faithfully

A handwritten signature in cursive script that reads "S. Sharpe".

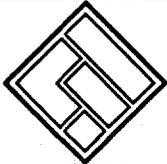
S J SHARPE
Company Secretary

ASIC registered agent number

lodging party or agent name Lend Lease Corporation Limited
 office, level, business name or PO Box no. Level 46 Tower Building
 street number & name Australia Square
 suburb/city Sydney state/territory NSW postcode 2000
 telephone (02) 9236-6111
 facsimile (02) 9252-2192
 DX number 10230 suburb/city SSE



ASS. REQ-A
 CASH. REQ-P
 PROC.



Australian Securities & Investments Commission

Notification of
change to officeholders

form **304**
Corporations Act 2001
205B & 601CV(1)

corporation name Lend Lease Corporation Limited
 ACN or ARBN 000 226 228

New appointment

Give details below of the person(s) who have consented in writing to become a director and/or secretary of the company. A public company must have a minimum of 3 directors (2 resident in Australia) and 1 secretary (resident in Australia). A proprietary company must have a minimum of 1 director (resident in Australia). The office of secretary is optional, but if appointed one must reside in Australia.

family name _____ **given names** _____
 former names _____
 residential address _____
 suburb/city _____ state/territory _____ postcode _____
 country (if not Australia) _____
 date of birth (d/m/y) ____ / ____ / ____ place of birth (town/city) _____ (state/country) _____
 office held & date appointed director ____ / ____ / ____ secretary ____ / ____ / ____
 alternate director alternate for: _____ effective dates: from ____ / ____ / ____ to ____ / ____ / ____

The Terms of Appointment of an Alternate Director must be provided with this notification. These are attached in the annexure marked ().
See guide to this form for annexure requirements.

family name _____ **given names** _____
 former names _____
 residential address _____
 suburb/city _____ state/territory _____ postcode _____
 country (if not Australia) _____
 date of birth (d/m/y) ____ / ____ / ____ place of birth (town/city) _____ (state/country) _____
 office held & date appointed director ____ / ____ / ____ secretary ____ / ____ / ____
 alternate director alternate for: _____ effective dates: from ____ / ____ / ____ to ____ / ____ / ____

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 former names _____
 residential address _____
 suburb/city _____ state/territory _____ postcode _____
 country (if not Australia) _____
 date of birth (d/m/y) ____ / ____ / ____ place of birth (town/city) _____ (state/country) _____
 office held & date appointed director ____ / ____ / ____ secretary ____ / ____ / ____
 alternate director alternate for: _____ effective dates: from ____ / ____ / ____ to ____ / ____ / ____

The Terms of Appointment of an Alternate Director must be provided with this notification. These are attached in the annexure marked ().
See guide to this form for annexure requirements.

Ceasing to hold office

family name **Aiello** given names **Albert**
 date of birth (d/m/y) **20 / 11 / 1942** place of birth **New York, USA**
 date ceased (d/m/y) **31 / 12 / 200** office held director secretary alternate director for:

family name _____ given names _____
 date of birth (d/m/y) **/ /** place of birth _____
 date ceased (d/m/y) **/ /** office held director secretary alternate director for:

family name _____ given names _____
 date of birth (d/m/y) **/ /** place of birth _____
 date ceased (d/m/y) **/ /** office held director secretary alternate director for:

Change of name or address of officeholder

family name (previously notified) _____ given names _____
 date of birth (d/m/y) **/ /** Is this person also an alternate director? (please tick, if yes)

new name (if changed) _____
 date of change (d/m/y) **/ /**

new address (if changed) unit, level, building name _____
 street number & name _____
 suburb/city _____ state/territory _____ postcode _____
 country (if not Australia) _____ date of change (d/m/y) **/ /**

family name (previously notified) _____ given names _____
 date of birth (d/m/y) **/ /** Is this person also an alternate director? (please tick, if yes)

new name (if changed) _____
 date of change (d/m/y) **/ /**

new address (if changed) unit, level, building name _____
 street number & name _____
 suburb/city _____ state/territory _____ postcode _____
 country (if not Australia) _____ date of change (d/m/y) **/ /**

***NB: If insufficient space, set out details in an annexure - Annexures must conform to requirements. (Refer Guide)**

Signature

I certify that the information in this form is true and correct.

print name **S J Sharpe** capacity **Company Secretary**

sign here **S. Sharpe** date **31 / 12 / 2002**

Small Business (less than 20 employees), please provide an estimate of the time taken to complete this form

Include

The time actually spent reading the instructions, working on the question and obtaining the information
 The time spent by all employees in collecting and providing this information

hrs mins