

MCA

## COMPANIES REGISTRY

Waterfront Plaza  
8 Laganbank Road  
BELFAST  
BT1 3BS



01008884

Tel: 0845 604 88 88  
Fax: 028 9090 5291  
Email: [info.companiesregistry@detini.gov.uk](mailto:info.companiesregistry@detini.gov.uk)  
Web: [www.companiesregistry-ni.gov.uk](http://www.companiesregistry-ni.gov.uk)

# 371s

## ANNUAL RETURN

Company Number: **NI014097**  
Company Name: **CATERING EQUIPMENT ENGINEERS LIMITED**  
Company Type: **0 - NI PR LTD SH**  
Date: **10/09/2009**

A full list of members is  
enclosed



## DATE OF THIS RETURN

The information in this return should be made up to a  
date not later than

**30/09/2009**

DAY MONTH YEAR

2	5	0	9	0	9
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## DATE OF NEXT RETURN

If you wish to make up your next return to a date earlier  
than the anniversary of this return please show the date  
here. Companies Registry will then send a form at the  
appropriate time.

DAY MONTH YEAR

3	0	0	9	1	0
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## REGISTERED OFFICE

This is the address registered by Companies Registry  
If you wish to change this address please file **form 295**

**2 KILDRUM INDUSTRIAL ESTATE  
KILDRUM ROAD  
SHANKBRIDGE  
BALLYMENA  
BT42 3EY**

DEPARTMENT OF ENTERPRISE  
TRADE AND INVESTMENT

**29 SEP 2009**

POST RECEIVED  
COMPANIES REGISTRY

**8149-OTHER GOODS WHL DIST**

**LOCATION OF REGISTER OF MEMBERS**

This address must be in Northern Ireland

**AT REGISTERED OFFICE ADDRESS**

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**LOCATION OF REGISTER OF DEBENTURE HOLDERS**

This address must be in Northern Ireland

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Appointments / Resignations and Change in Particulars  
**must** be notified on form 296

Please go to the forms section of our website if you require a continuation page [www.companiesregistry-ni.gov.uk](http://www.companiesregistry-ni.gov.uk)

Company Secretary

Forename SHIRLEY  
Surname MORRISON  
Address 55 SHANKBRIDGE ROAD  
KELLS  
Post Town BALLYMENA  
County / Region ANTRIM  
Post Code BT42 3DL  
Country NORTHERN IRELAND

Appointments / Resignations and Change in Particulars  
**must** be notified on form 296

Current Directors

Forename THOMAS  
Surname MORRISON  
Address 55 SHANKBRIDGE ROAD  
KELLS  
Post Town BALLYMENA  
County / Region ANTRIM  
Post Code BT42 3DL  
Country NORTHERN IRELAND  
Date of Birth 22 / 08 / 1950  
Nationality BRITISH  
Occupation DIRECTOR  
Other Directorships Yes/~~No~~

Forename GAVIN BRIAN  
Surname ROGERS  
Address 14 BALLYCONNELLY ROAD  
COLTBRACKET  
Post Town BALLYMENA  
County / Region ANTRIM  
Post Code BT42 1JF  
Country NORTHERN IRELAND  
Date of Birth 20 / 04 / 1968  
Nationality IRISH  
Occupation MANAGING DIRECTOR  
Other Directorships ~~Yes~~/No

Current Directors

Forename SHIRLEY  
 Surname MORRISON  
 Address 55 SHANKBRIDGE Rd  
KELLS  
 Post Town BALLMENNA  
 County / Region ANTRIM  
 Post Code BT42 3DL  
 Country NORTHERN IRELAND  
 Date of Birth 06 / 10 / 1961  
 Nationality IRISH  
 Occupation DIRECTOR  
 Other Directorships Yes/No

Forename \_\_\_\_\_  
 Surname \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Post Town \_\_\_\_\_  
 County / Region \_\_\_\_\_  
 Post Code \_\_\_\_\_  
 Country \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Nationality \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Other Directorships Yes/No

Forename \_\_\_\_\_  
 Surname \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Post Town \_\_\_\_\_  
 County / Region \_\_\_\_\_  
 Post Code \_\_\_\_\_  
 Country \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Nationality \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Other Directorships Yes/No

SHARE CAPITAL (See Note 8)  
Enter details of all shares in issue at the date of this return.

Nominal Capital 20,000.00  
Paid Up Capital 20,000.00

CLASS	NUMBER	AGGREGATE VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTALS	_____	_____

(The above details are those currently held on our records)

#### LIST OF PAST AND PRESENT MEMBERS

(Use attached schedule and additional sheets where appropriate) A full list is required if one was not included with either of the last two returns.

#### ELECTIVE RESOLUTIONS

(Private companies only)

If an elective resolution is in force at the date of this return to dispense with annual general meetings, mark the box.



If an elective resolution is in force at the date of this return to dispense with laying accounts in general meetings, mark the box.



#### CERTIFICATE

I certify that the information given in this return is true to the best of my knowledge and belief.

SIGNED

Shirley Morrison

Secretary/Director  
(delete as appropriate)

DATE

25 September 2009

Cheques should be made payable to the  
Department of Enterprise, Trade and  
Investment (DETI)

This return includes  
Continuation sheets \_\_\_\_\_

To whom should Companies Registry direct any  
enquiries about the information shown in this  
return?

SHIRLEY MORRISON

2 KILDRUM INDUSTRIAL ESTATE

KILDRUM Rd

BALLYMENA, CO. ANTRIM

Tel 02825 892122 Ext —

# SCHEDULE TO FORM 371s

COMPANY NUMBER: NI014097

COMPANY NAME: CATERING EQUIPMENT ENGINEERS LIMITED

## LIST OF PAST AND PRESENT MEMBERS

PLEASE NOTE	Account of Shares			
<p>For Returns dated on or after 1<sup>st</sup> October 2008 shareholders addresses <b>cannot be accepted</b>. Only shareholders full names should be provided.</p>	<p>Number of shares or amount of stock held by existing members at date of this return</p>	<p>Particulars of shares transferred since date of last return, or, in the case of the first return, since the incorporation of the company, by (a) persons who are still members (b) persons who have ceased to be members</p>		
		SHAREHOLDERS FULL NAME ONLY	Number	
THOMAS MORRISON	18,000			
PETER GREEN	2,000			

**SCHEDULE TO FORM 371s**

## LIST OF PAST AND PRESENT MEMBERS

[illegible]