


45

371s

ANNUAL RETURN

COMPANIES REGISTRY
IDB HOUSE
64 CHICHESTER STREET
BELFAST
BT1 4JX



NI21833

AIB INSURANCE SERVICES (N.I.) LIMITED

PR LTD SH

11/09/2000

The information printed below is taken from Companies Registry records as at the date shown. If this information requires amendment use the spaces opposite. Please read the notes for guidance before completing the return.

DATE OF THIS RETURN (See note 1)

The information in this return should be made up to a date not later than 01/10/2000

DAY MONTH YEAR

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DATE OF NEXT RETURN

If you wish to make 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

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REGISTERED OFFICE (See note 3)

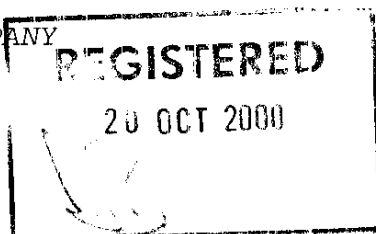
This is the address registered by Companies Registry

4 QUEENS SQUARE
BELFAST

BT1 3DJ

PRINCIPAL BUSINESS ACTIVITIES (See note 4)

9999 DORMANT COMPANY



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

CLASS	NUMBER	AGGREGATE NOMINAL VALUE
<u>ORD</u>	<u>2</u>	<u>£2-</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTALS	<u>2</u>	<u>£2-</u>

LIST OF PAST AND PRESENT MEMBERS

(See note 9)

(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

Please mark appropriate box

There were no changes in the period

☐

A list of changes is enclosed

☒

A full list of members is enclosed

☒

ELECTIVE RESOLUTIONS (See note 10)

(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 _____

Mark Ellesmere

Secretary/Director
(delete as appropriate)

DATE _____

11/10/00

This return includes _____ continuation sheets.

2

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

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

MARK ELLESMEERE
NIALL McGRATH

Telephone _____

90325599

Ext. _____

40310

REGISTER OF MEMBERS (See note 5)
This address must be in Northern Ireland

If the information shown needs amendment,
give details below, and for secretary and
director particulars, the date of any change.

REGISTER OF DEBENTURE HOLDERS
(See note 6)
This address must be in Northern Ireland

Particulars of a new director or secretary
must be notified on form 296 (see note 7)

see ATTACHED Form 296

Company Secretary

MARK JAMES
ELLESMERE
21 SPRINGFIELD ROAD
BANGOR
CO. DOWN

24 MOIRA DRIVE
BANGOR
CO. DOWN
BT 20 4RW

BT20 5BZ

If this person has ceased to be secretary/
director please state when.

DAY MONTH YEAR

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Particulars of a new director or secretary
must be notified on form 296 (see note 7)

Director

MR JOSEPH WILLIAM
MAGEE
5 DERAMORE PARK
BELFAST

BT9 5JW

DATE OF BIRTH: 12/09/1946

NATIONALITY: IRISH

OCCUPATION: BANK EXECUTIVE

If this person has ceased to be a director/
secretary, please state when.

DAY MONTH YEAR

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Show any relevant current and previous
directorships.

Director

MR JAMES GERARD
MCMAHON
21 BARONSCOURT
CULMORE ROAD
DERRY

DATE OF BIRTH: 28/04/1947
NATIONALITY: IRISH
OCCUPATION: BANK EXECUTIVE

If this person has ceased to be director/
secretary please state when.

Show any relevant current and previous
directorships.

Director

MR SEAMUS
SHEERIN
44 SHREWSBURY
BALLSBRIDGE
DUBLIN
IRELAND

DATE OF BIRTH: 27/06/1963
NATIONALITY: IRISH
OCCUPATION: BANKER

If this person has ceased to be director/
secretary please state when.

Show any relevant current and previous
directorships.

If the information shown needs amendment,
give details below and the date of any
change.

See Attached Copy 296

DAY MONTH YEAR

3	1	0	5	0	0
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DAY MONTH YEAR

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DAY MONTH YEAR

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If this person has ceased to be director/
secretary please state when.

Show any relevant current and previous
directorships.

SCHEDULE TO FORM 371S

NI21833 AIB INSURANCE SERVICES (N.I.) LIMITED

LIST OF PAST AND PRESENT MEMBERS

[illegible]