



Companies House

**AR01** (ef)

**Annual Return**



Received for filing in Electronic Format on the: **22/01/2014**

X304ORUJ

*Company Name:* **MITRE TRUST**

*Company Number:* **NI026205**

*Date of this return:* **31/12/2013**

*SIC codes:* **82990**

*Company Type:* **Private company limited by guarantee exempt under section 60**

*Situation of Registered Office:* **C/O RSM MCCLURE WATERS  
NUMBER ONE LANYON QUAY  
BELFAST  
NORTHERN IRELAND  
BT1 3LG**

**Officers of the company**

## *Company Secretary 1*

*Type:* **Person**

*Full forename(s):* **MARTIN**

*Surname:* **MCNEILL**

*Former names:*

*Service Address:* **11 DRUMNEATH ROAD  
BANBRIDGE  
CO DOWN  
BT32 3SS**

*Company Director*    ***1***

*Type:*                      **Person**

*Full forename(s):*        **MR ROBERT ROLLO**

*Surname:*                **MCCLURE**

*Former names:*

*Service Address:*        **69 VICTORIA ROAD  
HOLYWOOD  
CO DOWN  
BT18 9BG**

*Country/State Usually Resident:*    **NORTHERN IRELAND**

*Date of Birth:*    **23/12/1945**                      *Nationality:*    **BRITISH**

*Occupation:*    **CHARTERED ACCOUNTANT**

*Company Director* 2

*Type:* **Person**

*Full forename(s):* **MR RICHARD ALEXANDER**

*Surname:* **MILLIKEN**

*Former names:*

*Service Address:* **25 MARALIN AVENUE  
BANGOR  
CO DOWN  
BT20 4RQ**

*Country/State Usually Resident:* **NORTHERN IRELAND**

*Date of Birth:* **02/09/1950**

*Nationality:* **BRITISH**

*Occupation:* **DIRECTOR**

*Company Director*    **3**

*Type:*                                **Person**  
*Full forename(s):*                **PROFESSOR JAMES ROBERT**

*Surname:*                                **NIXON**

*Former names:*

*Service Address:*                    **C/O MITRE TRUST  
MUSGRAVE PARK HOSPITAL STOCKMANS LANE  
BELFAST  
NORTHERN IRELAND  
BT9 7JB**

*Country/State Usually Resident:*   **NORTHERN IRELAND**

*Date of Birth:*   **02/09/1943**                                *Nationality:*   **BRITISH**  
*Occupation:*    **RETIRED ORTHOPAEDIC  
SURGEON**

*Authorisation*

*Authenticated*

*This form was authorised by one of the following:*

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.