

9 : COY 137

296

This form should be completed in black

Change of director or secretary or change of particulars

| Company | Number |
|---------|---------|
| Compar | ny Name |

| CN | NI 2 | 6211 | | |
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(Turn over page for resignation and change of particulars).

Date of appointment

Appointment of director

NOTES

Appointment of secretary

Show the full forenames, NOT INITIALS. If the director or secretary is a Corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential address line.

Name *Style/Title

Forenames

Surname

Give previous forenames or surname except:

 for a married woman the name before marriage need not be given,

Previous forenames

Previous surname
Usual residential
address

for names not used since the age of 18 or for at least 20 years.

A peer or an individual known by a title may state the title

Post town

nstead of or in addition to the orenames and surname.

Other directorships

Give the name of every company of which the person concerned is a director or has been a director at any time in the past 5 years, exclude a company which either is, or at all times during the past five years when the person was a director,

County/Region

Postcode

Date of birth+

Business occupation†

Other directorships†

- dormant

was

- a parent company which wholly owned the company making the return
- a wholly owned subsidiary of the company making the return
- another wholly owned subsidiary of the same parent company
 Voluntary details

Consent Signature

† Directors only

| DA 0,10,40,006 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CD Please mark the appropriate box. |
| cs If the appointment is as director and secretary mark both boxes. |
| AAO |
| <u>MR.</u> |
| STEPHEN |
| HODKINSON |
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| oc Public SERVANT |
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| |
| I consent to act as director/secretary of the above named |
| composity |
| Signed Lenn HOCIZ Date 04/10/207 |

A serving director etc. must also sign the form overleaf.

| Resignation (This includes any Date of resignation etc. | DR , , , , , , , , , , , , , , , , , , , |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| (This includes any form of ceasing to | |
| hold office e.g. death or removal from office). | Please mark the appropriate box. If change of particulars etc., is as director and |
| Resignation etc. as secretary | secretary mark both boxes |
| Forenames | |
| Surname | |
| Date of birth (directors only) | DO |
| If cessation is other than resignation, please state reason (e.g. death) | |
| CHANGE OF PARTICULARS | |
| Date of change of particulars | DC |
| Complete this section in all cases | Please mark the appropriate box. If change of particulars etc., is as director and |
| where particulars Change of particulars as secretary have | zs secretary mark both boxes |
| changed and then the Forenames 7 (names previously | |
| appropriate section Surname Inotified to Companies Registry) | |
| Date of birth (directors only) | DO |
| Change of name Forenames (enter new name) | NN |
| Surname | |
| Change of usual residential address (enter new address) | AD |
| | |
| Post town | |
| County/Region | ter As San San San |
| Postcode | Country |
| Other Change (please specify) | |
| * Victor Star # in the start of | A serving director secretary etc. must also sign the form below |
| | i di sa |
| A STATE OF THE STA | |
| Signature | Signed Ward Date 17/10/07 |
| After signing please return the form to the Registrar of Companies at | (by a serving director / secretary //administrator / administrative receiver). (Delete as appropriate) |
| Waterfront Plaza, 8 Laganbank Road, Belfast BT1 3BS | DASID MORRISSEY |
| To whom should Companies Registry direct any enquiries about the | NI-CO 25-27 ARANKLIN STREET |
| information shown on this form? | NI-CO 25-27 FRANKLIN STREET BELAAST Postcode BTZ 8DS |
| | Telephone <u>C28903477-60</u> Extension |