

Change of director or secretary or change of particulars

00135098 pleted in bla	ıck	
	Company number	CN NI1026421
	Company name	PREMIER TRANSMISSION LIMITED
Appointment	Date of appointment	DA 1 2 1 0 0 5
(Turn over page for Ap resignation and change of particulars)	pointment of Director	CD X Please mark the appropriate box. If appointment is as director and secretary mark both boxes.
Арр	ointment of Secretary	CS
NOTES Show the full forenames. NOT INITIALS. If the director or secretary is a Corporation or Scottish firm, show the name on surname line and	*Style/Title	MS
registered or principal office on the usual residential address line.	Forenames	NUALA
Give previous forenames or surname except: - for a married woman the name before marriage need not be given	Surname	SHEERAN
- for names not used since the age of 18 or for at least 20 years	*Honours etc	
	Previous forenames	
	Previous surname	
Other directorships Give the name of every company of which the Usual residential address		AD APARTMENT 25
person concerned is a director or has been a director at any time in the past 5 years when the person was a director was:		ST JOHNS WHARF
dormant a parent company which wholly owned the company making the return a wholly subsidiary of the company making the	Post town	LAGANBANK ROAD, BELFAST
return - another wholly owned subsidiary of the same parent company	County/Region	
partition party	Postcode	BT1 3LT Country NORTHERN IRELAND
DEPARTMENT OF ENTERPRISE TRADE & INVESTMENT	Date of birth †	DO 2 3 0 1 7 3
1 7 NOV 2005	Nationality †	IRISH
	Business occupation †	OC SOLICITOR
POST RECEIVED COMPANIES REGISTRY		
	Other directorships †	NORTHERN IRELAND ENERGY HOLDINGS
		LIMITED

* Voluntary details † Directors only

Consent signature

I consent to act as director/secretary of the above named company

Signed Nade Shran Date 27-10-05

A serving director etc must also sign the form overleaf

Resignation	Date of	resignation etc	DR
(This includes any form of ceasing to hold office eg death or removal from office)	Resignation	etc as director	Please mark the appropriate box. If appointment is as
	Resignation	etc as secretary	XS director and secretary mark both boxes.
		Forenames	
Surnames		Surnames	
Date of birth (directors only)		th (directors only)	
If cessation is other than resignation, please state reason (eg death)			
Change of particulars	Date of	change of particulars	DC
Complete this section in all cases where particulars have changed and then the appropriate section below	Change of partice	ulars, as director	ZD Please mark the appropriate box. If change of particulars is as director and secretary mark both boxes
	Change of particu	ılars, as secretary	ZS
	Forenames	}	
	Surname	}	
Date of birth (directors only)		birth (directors only)	DO
Change of name (enter new name) Forenames			NN
Surname Change of usual residential address (enter new address)			AD
		Post town	
		County/Region	
		Postcode	Country
Other change (please specify	ÿ)		A serving director/secretary etc must also sign the form
To whom should the Companies Re enquiries about the information on t ARTHUR COX NORTHERN IR CAPITAL HOUSE 3 UPPER QUEEN STREET BELFAST, BT1 6PU	his form?	REF: TEL: (028) 90230007	Dated 27-46-55 Arms (x) (by a serving director/secretary/administrator/administrative receiver). (Delete as appropriate)