



Change of director or secretary or change of particulars

296

This form should be completed in black

Company number

CN NI 26421

Company name

PREMIER TRANSMISSION LIMITED

Appointment

Date of appointment

DA

(Turn over page for resignation and change of particulars)

Appointment of Director

CD

Appointment of Secretary

CS

Please mark the appropriate box. If appointment is as director and secretary mark both boxes.

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 registered or principal office on the usual residential address line.

Give previous forenames or surname except:

- for a married woman the name before marriage need not be given
- for names not used since the age of 18 or for at least 20 years

Name

*Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Previous 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 when the person was a director was:

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

Usual residential address

Post town

County/Region

Postcode

Country

Date of birth †

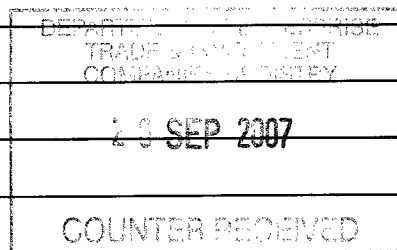
Nationality †

Business occupation †

Other directorships †

AD

OC



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

Consent signature

* Voluntary details only † Directors only

Signed

Date

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

| | |
|----|--|
| XD | |
|----|--|

Resignation etc as secretary

| | |
|----|--|
| XS | |
|----|--|

Please mark the appropriate box. If appointment is as director and secretary mark both boxes.

Forenames

Surnames

Date of birth (directors only)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |

If cessation is other than resignation, please state reason (eg death)

Change of particulars

Date of change of particulars

| | | | | | | |
|----|---|---|---|---|---|---|
| DC | 2 | 5 | 0 | 9 | 0 | 7 |
|----|---|---|---|---|---|---|

Complete this section in all cases where particulars have changed and then the appropriate section below

Change of particulars, as director

| | |
|----|---|
| ZD | X |
|----|---|

Change of particulars, as secretary

| | |
|----|--|
| ZS | |
|----|--|

Please mark the appropriate box. If change of particulars is as director and secretary mark both boxes

Forenames

Surname

WILLIAM

CARGO

Date of birth (directors only)

| | | | | | | |
|----|---|---|---|---|---|---|
| DO | 1 | 9 | 0 | 9 | 5 | 9 |
|----|---|---|---|---|---|---|

Change of name (enter new name)

Forenames

| |
|----|
| NN |
|----|

Surname

Change of usual residential address (enter new address)

| | |
|----|------------------------|
| AD | 22 COLLEGE PARK AVENUE |
|----|------------------------|

Post town

BELFAST

County/Region

COUNTY ANTRIM

Postcode

BT7 1LR

Country

NORTHERN IRELAND

Other change (please specify)

A serving director/secretary etc must also sign the form below

To whom should the Companies Registry direct any enquiries about the information on this form?

ARTHUR COX NORTHERN IRELAND
CAPITAL HOUSE
3 UPPER QUEEN STREET
BELFAST, BT1 6PU

REF:

TEL: (028) 9023 0007

Signed

Dated

Arthur Cox NI
25th September, 2007

(by a serving director/secretary/administrator/
administrative receiver). (Delete as appropriate)