



371(a)

Annual Return

This form should be completed in black. CRFA 0002.

Company Number

Company Name

CN N1043049	
LEGAL EXPENSES (U.L.R) LIMITED	

Date of this return

The information in this return is made up to

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.

Registered Office

Show here the address at the date of this return.

Any change of registered office must be notified on form 295.

	Day	Month	Year
DA	2 5	0 4 Show	2 0 0 5 date
DB	1		_

RO 3 WEST	STREET
Post town .	CARRICKFERGUS
County/Region	CO ANTRIM
Postcode .	BT38 7AR

Principal business activities

Show trade classification code number(s) for principal activity or activities.

If the code number cannot be determined, give a brief description of principal activity.

PA	9	9	9	9	
DORM	ANT	COMP	ANY		

JNI



17996P61
NI 27/06/2018
COMPANIES HOUSE

Register of members RM If the register if members is not kept at the registered office, state here where it is kept. Post town County/Region Postcode Register of Debenture holders RD If there is a register of debenture holders and it is not kept at the registered office, state here where it is Post town kept. County/Region Postcode Company type Public limited company T1 Private company limited by shares **T2** Х Private company limited by guarantee without share capital Please mark the appropriate box. Private company limited by shares exempt under T4 Article 40 Private company limited by guarantee exempt **T5** under Article 40 Т6 Private unlimited company with share capital Private unlimited company without share **T7** capital _____ Company Secretary (Please photocopy this area to provide details of Details of a new company secretary must be notified on form 296 joint secretaries). CS MR Name *Style/Title

Forenames

Surname

*Honours etc

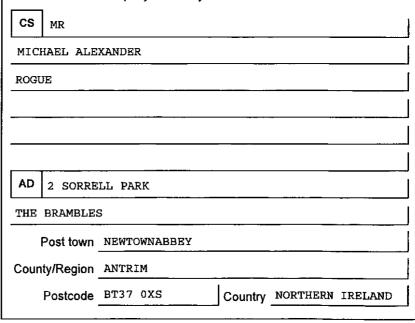
Previous forenames

Previous surname

Address

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

* Voluntary details





Directors						
Please list directors in	n alphabetical order	Details of a new director must be notified on form 296				
Name	*Style/Title	CD MR				
	Forenames	GEORGE HERBERT				
	Surname	STOREY				
	*Honours etc					
	Previous forenames					
	Previous surname					
Address		AD 19 ABBEYDENE COURT				
given. In the case	l address must be of a corporation, give or principal office	Post town NEWTOWNABBEY				
address.		County/Region ANTRIM				
		Postcode BT37 9PD Country NORTHERN IRELAND				
	Date of birth	DO 0 7 1 9 4 1 Nationality NA BRITISH				
	Business occupation	OC INSURANCE UNDERWRITER				
	Other directorships	ОВ				
*Voluntary details						
voluntary docume						
Name	*Style/Title	CD MR				
	Forenames	MICHAEL ALEXANDER				
	Surname	POGUE				
	*Honours etc					
	Previous forenames					
	Previous surname					
Address		AD 2 SORRELL PARK				
	address must be	THE BRAMBLES				
given. In the case of a corporation, give the registered or principal office		Post town NEWTOWNABBEY				
address.		County/Region CO ANTRIM				
		Postcode BT37 0XS Country NORTHERN IRELAND				
	Date of birth	DO 1 1 9 6 0 Nationality NA BRITISH				
	Business occupation	OC UNIVERSITY LECTURER				
*Voluntary details	Other directorships	OD				



Issued share capital	Class	Number	Aggregate Nominal Value
Enter details of all the shares in issue at the date of this return	ORDINARY	2	£2
List of past and present members (Use attached schedule where appropriate) A full list is required if one was not	Totals _ There were no changes in the	period X	Please mark the appropriate box(es)
included with either of the last two returns.	A list of changes is enclosed A full list of members is enclos	on paper	not on paper
Elective resolutions (Private companies only)	If an election is in force at the dispense with annual general of an election is in force at the dispense with laying accounts this box.	meetings, mark this l date of this return to	
Certificate	_		
I certify that the information given in this return is true to the best of my knowledge and belief. I enclose the appropriate fee.	Signed	(")	ecretary/Director* Delete as appropriate)
Make cheques payable to the Department of Enterprise, Trade and Investment.	This return includes	**************************************	ation sheets
To whom should Companies Registry direct any enquiries about the information shown in this return?	BRIAN BURKE 3 WEST STREET CARRICKFERGUS Telephone 93357730	Postcode Extension	BT38 7AR

When you have signed the return send it with the fee to the Registrar of Companies at

Waterfront Plaza, 8 Laganbank Road, BELFAST, BT1 3BS

LIST OF PAST AND PRESENT MEMBERS

SCHEDULE TO FORM 371

Company Number:	Account of Shares			
Company Name:	Number of shares or amount of stock held by existing members at date of this return.	the case of the first return since the incorporation of the company, by (a) persons who are still members, and bers at date		
Name and address	Date of Number Registration of Transfer		Remarks	





Do not cover this barcode

LIST OF OTHER DIRECTORSHIPS

SCHEDULE TO FORM 371

CRFA 0002

Company Number:		
Company Name:		
Director's Name:		

Company Name	Resignation



LIST OF ISSUED SHARE CAPITAL

SCHEDULE TO FORM 371

CRFA 0002	174		THE BOLL TO TOTAIN OF
Company Number:		_,,_,	
Company Name:			
Currency:			-
Issued share capital Enter details of all the shares in issue at the date of this return.	Class (e.g. Ordinary/Preference)	Number	Aggregate Nominal Value (i.e Number of shares issued multiplied by nominal value per
			share)
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		1.00	

Totals

