

296

Change of director or secretary or change of particulars

This form should be completed in black

| | Company number Company name | Albertbridge Apartment Management Limited |
|---|------------------------------------|---|
| Appointment | | |
| (Turn over page for resignation and change of particulars) | Date of appointment | DA 15 02 66 |
| NOTES Show the full forenames, NOT INITIALS. If the director or | Appointment of director | CD Please mark the appropriate box. If the appointment is as director and |
| secretary is a Corporation or Scottish firm, show the name on surname line and registered or | Appointment of secretary | CS secretary mark both boxes |
| principal office on the usual residential address line. | Name *Style/Title | MR |
| Give previous forenames or surname except: | Forenames Surname | JAMES IRVINE |
| - for a married woman the name before marriage need not be given | *Honours etc Previous forenames | |
| for names not used since the age of 18 or for at least 20 years. | Previous surname | |
| A peer or an individual known by a title may state the title instead of or in addition to the | Usual residential address | AD 14-DAMHEAD ROAD |
| forenames and surname. | Post town | MOIRA |
| Other directorships | County/Region | CO ARMAGH |
| Give the name of every company | Postcode | BT67 OHU Country N IRELAND |
| of which the person concerned is a director or has been a director at any time in the past 5 years. | Date of birth^ | DO 20 03 48 Nationality NA BRITISH |
| Exclude any company which either is, or at any time during the past 5 years when the person | Business occupation^ | OC COMPANY DIRECTOR |
| was a director, was: - dormant | Other directorships^ | |
| a parent company which wholly owned the company making the return | | |
| a wholly owned subsidiary of the company making the return | | I consent to act as director/secretary of the above named company |
| another wholly owned subsidiary of the same parent | Consent signature | Signed Date (5/2/06 |

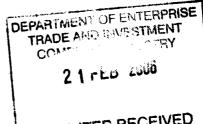
*Voluntary details

company.

^Directors only

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

www.companies registry-ni.gov.uk



| Resignation | | |
|---|--|--|
| (This includes any form of ceasing to hold office e.g. | Date of resignation etc. | DR 15 02 06 |
| death or removal from office). | Resignation etc. of director | Please mark the appropriate box. If resignation etc. is as director and secretary |
| Resignation etc. of secretary | | XS X mark both boxes |
| Forenames | | Communicationitad |
| Surnames | | Comperia Limited |
| 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 | Change of particulars as director | ZD Please mark the appropriate box. |
| section in all cases where | Change of montioulous on goomston. | If change of particulars etc. is as director and secretary mark both boxes |
| · *1 · · · · · · · · · · · · · · · · · · | Change of particulars as secretary Forenames (name previously | |
| then the appropriate | notified to | |
| section below. | Surname Companies Registry | |
| (| | |
| { | Date of birth (directors only) | DR |
| Change of Name (Enter New Name(s) Forenames Surname | | |
| | | XD |
| Suriane | | |
| Change of usual residential address (enter new address) | | AD |
| Post town | | |
| County/Region | | |
| Postcode Other Change (places graphify) | | Country |
| Other Change (please specify) | | |
| | · | A serying director/secretary etc. must also sign the form below |
| | | APP COMPAIN L |
| | | 7900 |
| | Signature | Signed Date $l5/2/06$ |
| | | (by a serving director/secretary/administrator/administrative receiver). (Delete as appropriate) |
| After signing please re | | The state of the s |
| Registrar of Companie IDB House | es at: | |
| 64 Chichester Street | | |
| Belfast, BT1 4JX | | 1 |
| | | 10HN HOU/MS |
| To whom should Companies Registry direct any enquires about the information on this form? | | Tel: (DS-9/810 776) |
| enquires about the information on this form? | | |
| | | |