



00003584

296

Change of director or secretary or change of particulars

This form should be completed in black

Company Number		N 26977		<input type="checkbox"/>
Company Name		PORTAFERRY REGENERATION LTD		
Date of appointment		27 09 2004		
Appointment of director	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Please mark the appropriate box. If the appointment is as director and secretary mark both boxes.	
Appointment of secretary	<input type="checkbox"/>	<input type="checkbox"/>		
Name *Style/Title	MRS			
Forenames	GERTRUDE ALLISON			
Surname	MURPHY			
Previous forenames	F			
Previous surname	FOSTER			
Usual residential address	2	FERRY STREET		
Post town	PORTAFERRY			
County/Region	DOWN			
Postcode	BT22 1PB		Country	N. IRELAND
Date of birth†	<input type="checkbox"/>	23 06 1948	Nationality†	<input type="checkbox"/>
Business occupation†	<input type="checkbox"/>	TEACHER		
Other directorships†				
I consent to act as director/secretary of the above named company				
Consent Signature	Signed <u>Alison Murphy</u>		Date <u>9-11-04</u>	

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

(This includes any form of ceasing to hold office e.g. death or removal from office).

Resignation etc. as director

Resignation etc. as secretary


Forenames

Surname

Date of birth (*directors only*)

If cessation is other than resignation,
please state reason (e.g. death)

CHANGE OF PARTICULARS

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

Date of change of particulars

Change of particulars as director

Change of particulars as secretary

Forenames } (names previously
Surname } notified to Companies
Registry)

Date of birth (*directors only*)

Change of name
(enter new name)

Forenames

Surname

Change of usual residential address
(enter new address)

Post town

County/Region

Postcode

Other Change (please specify)

DR								
XD								
XS								

Please mark the appropriate box.
If change of particular secretary mark both

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

DO					
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DC							
ZD		} Please mark the appropriate box. If change of participation is required, the secretary mark both boxes.					
ZS							

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

DO				
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NNAD

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

Signature

After signing please return the form to
the Registrar of Companies at

Signed [Signature] Date 7-11-04
(by a serving director / secretary / administrator / administrative receiver). (Delete as appropriate)

**Waterfront Plaza, 8 Laganbank Road,
Belfast BT1 3BS**

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

Postcode _____

Telephone _____ Extension _____