

16
371s

COMPANIES REGISTRY
IDB HOUSE
64 CHICHESTER STREET
BELFAST
BT1 4JX

Telephone: (028) 9054 1900
Facsimile: (028) 9054 4999
E-mail: info.companiesregistry@detini.gov.uk
Website: www.companiesregistry-ni.gov.uk

ANNUAL RETURN

NI32950

Footprints Catering Limited

PR GU - SHR

23/08/2002

The information printed below is taken from Companies Registry records as at the date shown. If this information requires amendment use the spaces opposite. Please read the notes for guidance before completing the return.

DATE OF THIS RETURN (See note 1)

The information in this return should be made up to a date not later than 19/09/2002



DAY MONTH YEAR

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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.

DAY MONTH YEAR

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REGISTERED OFFICE (See note 3)

This is the address registered by Companies Registry

84A COLINMILL

POLEGLASS
BELFAST
BT17 0AR

PRINCIPAL BUSINESS ACTIVITIES (See note 4)

8851 RESTAURANTS/CAFES/SNACK BARS ETC

REGISTER OF MEMBERS (See note 5)
This address must be in Northern Ireland

PLEASE ENTER ADDRESS ----->

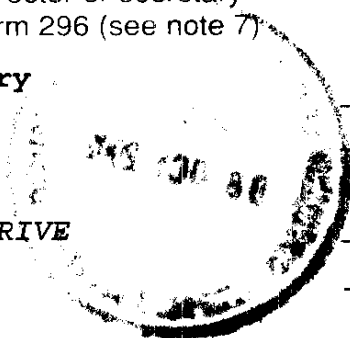
If the information shown needs amendment,
give details below, and for secretary and
director particulars, the date of any change.

REGISTER OF DEBENTURE HOLDERS
(See note 6)
This address must be in Northern Ireland

Particulars of a new director or secretary
must be notified on form 296 (see note 7)

Company Secretary

MARY
MCNEILL
19 COLINBROOK DRIVE
POLEGLASS
BELFAST



BT17 OPG

If this person has ceased to be secretary/
director please state when.

DAY MONTH YEAR

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Particulars of a new director or secretary
must be notified on form 296 (see note 7)

Director

MISS CLAIRE
FERRIS
1A GLENARD BROOK
BELFAST
N. IRELAND

BT14

DATE OF BIRTH: 16/05/1969

NATIONALITY: IRISH

OCCUPATION: ENTERPRISE AGENCY MANAGER

DAY MONTH YEAR

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If this person has ceased to be a director/
secretary, please state when.

Show any relevant current and previous
directorships.

Director

PATRICIA ANN MARIE
FIRTH
34 COLINBROOK CRESCENT
POLEGLASS
BELFAST

BT17 OPF
DATE OF BIRTH: 04/04/1955
NATIONALITY: IRISH
OCCUPATION: VOLUNTARY WORKER

If the information shown needs amendment,
give details below and the date of any
change.

If this person has ceased to be director/
secretary please state when.

DAY MONTH YEAR

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Show any relevant current and previous
directorships.

Director

GILLIAN PATRICIA
GIBSON
36 BEAUFORT CRESCENT
NEWTOWNBRED A
BELFAST

BT8 4UA
DATE OF BIRTH: 26/03/1962
NATIONALITY: BRITISH
OCCUPATION: CENTRE CO-ORDINATOR

DAY MONTH YEAR

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If this person has ceased to be director/
secretary please state when.

Show any relevant current and previous
directorships.

Director

HELEN
MATTHEWS
29 MAIN STREET
HILLSBOROUGH
CO. DOWN

BT26 6AE
DATE OF BIRTH: 31/12/1967
NATIONALITY: BRITISH
OCCUPATION: ENTERPRISE AGENCY MANAGER

DAY MONTH YEAR

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If this person has ceased to be director/
secretary please state when.

Show any relevant current and previous
directorships.

Director

If the information shown needs amendment, give details below and the date of any change.

MARY
MCNEILL
19 COLINBROK DRIVE
POLEGLASS
BELFAST

BT17 OPG
DATE OF BIRTH: 28/04/1949
NATIONALITY: IRISH
OCCUPATION: TRAINEE CO-ORDINATOR

If this person has ceased to be director/ secretary please state when.

DAY MONTH YEAR

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Show any relevant current and previous directorships.

If this person has ceased to be director/ secretary please state when.

DAY MONTH YEAR

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Show any relevant current and previous directorships.

If this person has ceased to be director/ secretary please state when.

DAY MONTH YEAR

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Show any relevant current and previous directorships.

ISSUED SHARE CAPITAL (See note 8)
Enter details of all shares in issue at the date of this return.

CLASS	NUMBER	AGGREGATE NOMINAL VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTALS	_____	_____

LIST OF PAST AND PRESENT MEMBERS

(See note 9)

(Use attached schedule and additional sheets where appropriate)

A full list is required if one was not included with either of the last two returns

Please mark appropriate box

There were no changes in the period

☒

A list of changes is enclosed

☐

A full list of members is enclosed

☐

ELECTIVE RESOLUTIONS (See note 10)

(Private companies only)

If an elective resolution is in force at the date of this return to dispense with annual general meetings, mark the box.

☐

If an elective resolution is in force at the date of this return to dispense with laying accounts in general meetings, mark the box.

☐

CERTIFICATE

I certify that the information given in this return is true to the best of my knowledge and belief.

SIGNED Mary W. Nails (Secretary)
Secretary/Director
(delete as appropriate)

DATE 4.10.02

Cheques should be made payable to the Department of Enterprise, Trade and Investment (DETI)

This return includes _____ continuation sheets.

To whom should Companies Registry direct any enquiries about the information shown in this return?

Telephone _____ Ext. _____