



COI 00438734

Wat
8 Lagardere Road
BELFAST
BT1 3BS

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Email: info.companiesregistry@detini.gov.uk
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371s

ANNUAL RETURN

Company Number: **NI030166**
Company Name: **GRANITE INSURANCE SERVICES LIMITED**
Company Type: **0 - NI PR LTD SH**
Date: **15/10/2007**

Please mark
appropriate box

There were no changes
in the period

☒

A list of changes is
enclosed

☐

A full list of members is
enclosed

☐

The information printed below is taken from Companies Registry records as at the date shown. If this information requires amendment use the spaces provided. 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

04/11/2007

DAY MONTH YEAR

0	2	1	1	0	7
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DATE OF NEXT RETURN

If you wish to make up 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

**GRANITE HOUSE
WILLIAM STREET
NEWRY
CO DOWN
BT34 2DG**

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

PRINCIPAL BUSINESS ACTIVITIES...
(See Note 4)

8600-INSURANCE

CE UNIT \$275,000

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

LOCATION OF 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
SINEAD
MCALLISTER
159 CLADYMILL TOWN RD
MONAGHAN
COUNTY ARMAGH
BT60 2EQ

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

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

Director
MICHAEL ANTHONY
MC KEOWN
9 FOREST HILLS
OLD WARRENPOINT ROAD
NEWRY

DATE OF BIRTH: 01/05/1946
NATIONALITY: BRITISH
OCCUPATION: COMPANY DIRECTOR

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

Show any relevant current and previous
directorships.

Director
BRONAGH
O REILLY
30 SHANLIEVE COURT
HILTOWN
DOWN
BT34 57P

DATE OF BIRTH: 28/07/1968
NATIONALITY: IRISH
OCCUPATION: ASSISTANT MANAGING DIRECTOR

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

Show any relevant current and previous
directorships.

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

Nominal Capital 100,000.00
Paid Up Capital 2.00

CLASS NUMBER AGGREGATE
VALUE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTALS	_____	_____

(The above details are those currently held on our records)

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.

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

Shereef M. Alkhatib

Secretary/Director
(delete as appropriate)

DATE

2/11/07

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?

Tel _____ Ext _____

SCHEDULE TO FORM 371s

COMPANY NUMBER: NI030166

COMPANY NAME: GRANITE INSURANCE SERVICES LIMITED

LIST OF PAST AND PRESENT MEMBERS

	Account of Shares			
	Number of shares or amount of stock held by existing members at date of this return	Particulars of shares transferred since date of last return, or, in the case of the first return, since the incorporation of the company, by (a) persons who are still members (b) persons who have ceased to be members		Remarks
NAME AND ADDRESS		Number	Date of registration of transfer	

SCHEDULE TO FORM 371s

LIST OF PAST AND PRESENT MEMBERS

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NAME AND ADDRESS		Number	Date of registration of transfer	