# 371s

#### **ANNUAL RETURN**

COMPANIES REGISTRY IDB HOUSE 64 CHICHESTER STREET BELFAST BT1 4JX

NI14142

SEPHA PHARMACEUTICALS LIMITED

PR LTD SH

01/08/96 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) DAY MONTH YEAR The information in this return should be made up to a date not later than 16/08/96 0 8 DATE OF NEXT RETURN DAY MONTH YEAR 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 (See note 3) This is the address registered by Companies Registry JUBILEE ROAD **NEWTOWNARDS** CO.DOWN BT23 4X0 PRINCIPAL BUSINESS ACTIVITIES (See note 4) 3320 METAL WORKING MACHINE TOOLS EGONOMIC EZYELOPMENT 13 Ser 1990

RECEIVED BRANCH

ISSUED SHARE CAPITAL (See note 8) Enter details of all shares in issue at the date of this return.	CLASS NUMBER	NOMINAL VALUE	
	ORDY 20000	20000	
	REDERMINE 10000	10000	
	TOTALS <u>30000</u>	<u>30000</u>	
LIST OF PAST AND PRESENT MEMBERS (See note 9) (Use attached schedule and additional		5.	
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 annual general meetings, mark the box.	of this return to dispense v	with	
If an elective resolution is in force at the date of laying accounts in general meetings, mark the	•	with	
CERTIFICATE			
I certify that the information given in this return is true to the best of my knowledge and belief.	SIGNED	pul /	
	DATE _ <u>a lala</u> 6_	Secretary/Director (delete as appropriate)	
	DATE _ <u>a lalab</u> _		
Cheques should be made payable to the Department of Economic Development No. 1A/C	This return includes — continuation sheets.		
To whom should Companies Registry direct any enquiries about the information shown in	MS PBROOK		
this return?	_SESTA PRODUCT		
	NEWTOWNPDS_ Telephone 02 (178182		

If the information shown needs amendment. MILLS SELIG give details below, and for secretary and CALLENDER STREET director particulars, the date of any change. BELFAST REGISTER OF DEBENTURE HOLDERS (See note 6) This address must be in Northern Ireland Company Secretary Particulars of a new director or secretary must be notified on form 296 (see note 7) VIOLET PATRICIA **BROOK** 16 DALTON RISE COMBER NEWTOWNARDS CO DOWN BT23 5HS If this person has ceased to be secretary/ DAY **MONTH YEAR** director please state when. **Director** Particulars of a new director or secretary must be notified on form 296 (see note 7) MR ANDREW E PARKER 34 COOK'S COVE KIRCUBBIN CO. DOWN BT22 2ST DATE OF BIRTH: 09/05/43 NATIONALITY: BRITISH OCCUPATION: MANAGING DIRECTOR DAY MONTH **YEAR** If this person has ceased to be a director/ secretary, please state when. MEDISCOPE LIMITED Show any relevant current and previous directorships.

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

# SCHEDULE TO FORM 371S

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### LIST OF PAST AND PRESENT MEMBERS

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# **SCHEDULE TO FORM 371S**

#### LIST OF PAST AND PRESENT MEMBERS

		Account o	of Shares	4
	Number of shares or amount of stock held by existing members at date of this return	Particulars of transferred si of last return, case of the fir since the incc of the compar (a) persons with members (b) have ceased	nce date or, in the est return, ernoration	
NAME AND ADDRESS		Number	Date of registration of transfer	Remarks
	1			

Director	If the information shown needs ame give details below and the date of a change.
KATHERINE YVONNE	
PARKER	
C/O 34 COOKS COVE KIRCUBBIN	
BT22 2ST	
DATE OF BIRTH: 19/11/71 NATIONALITY: BRITISH	
OCCUPATION: STUDENT	
	DAY MONTH YEAR
If this person has ceased to be director/	
secretary please state when.	
Show any relevant current and previous directorships.	
	<b></b>
	DAY MONTH YEAR
If this person has ceased to be director/	DAY MONTH YEAR
If this person has ceased to be director/ secretary please state when.	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.	DAY MONTH YEAR
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