



00671478

COMPANIES REGISTRY
Waterfront Plaza
8 Laganbank Road
BELFAST
BT1 3BS

371s

ANNUAL RETURN

Tel: 0845 604 88 88
Fax: 028 9090 5291
Email: info.companiesregistry@detini.gov.uk
Web: www.companiesregistry-ni.gov.uk

Company Number: **NI034839**
Company Name: **ABEL ELECTRICAL & SECURITY SERVICES LIMITED**
Company Type: **0 - NI PR LTD SH**
Date: **02/09/2009**

A full list of members is enclosed

DATE OF THIS RETURN

The information in this return should be made up to a date not later than

22/09/2009

DAY MONTH YEAR

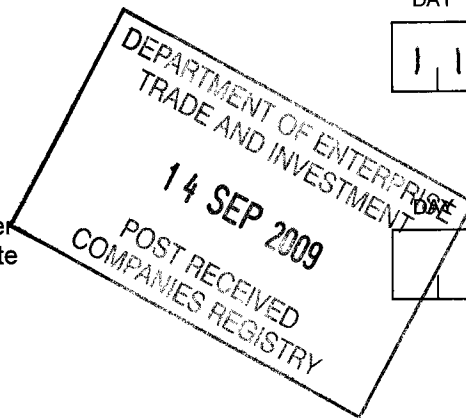
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DATE OF NEXT RETURN

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

This is the address registered by Companies Registry
If you wish to change this address please file form 295

**UNIT 5 SPRINGTOWN INDUSTRIAL ESTATE
DERRY
CO DERRY
BT48 0LY**

**5015-ELECTRICAL CONTRACTORS
3620-INSULATED WIRES/CABLES
3610-ELECTRICAL MACHINERY**

LOCATION OF REGISTER OF MEMBERS
This address must be in Northern Ireland

**UNIT 5
SPRINGTOWN INDUSTRIAL ESTATE
LONDONDERRY
BT48 0LY**

LOCATION OF REGISTER OF DEBENTURE HOLDERS

This address must be in Northern Ireland

Appointments / Resignations and Change in Particulars
must be notified on form 296

Please go to the forms section of our website if you require a continuation page www.companiesregistry-ni.gov.uk

Company Secretary

Forename KATHLEEN
Surname M^CGLYNN
Address 127 GLENDWEN PARK

Post Town DERRY
County / Region
Post Code BT48 0LH
Country N.I.

Appointments / Resignations and Change in Particulars
must be notified on form 296

Current Directors

Forename BRIAN
Surname ABEL
Address 40 OAKFIELD ROAD
D
Post Town DERRY
County / Region
Post Code BT48 9BB
Country N.I.
Date of Birth 3 / 4 / 1956
Nationality N. IRISH
Occupation ELECTRICAL CONTRACTOR
Other Directorships Yes/No

Forename _____
Surname _____
Address _____

Post Town _____
County / Region _____
Post Code _____
Country _____
Date of Birth / /
Nationality _____
Occupation _____
Other Directorships Yes/No

Current Directors

Forename _____
Surname _____
Address _____

Post Town _____
County / Region _____
Post Code _____
Country _____
Date of Birth _____ / _____ / _____
Nationality _____
Occupation _____
Other Directorships Yes/No _____

Forename _____
Surname _____
Address _____

Post Town _____
County / Region _____
Post Code _____
Country _____
Date of Birth _____ / _____ / _____
Nationality _____
Occupation _____
Other Directorships Yes/No _____

Forename _____
Surname _____
Address _____

Post Town _____
County / Region _____
Post Code _____
Country _____
Date of Birth _____ / _____ / _____
Nationality _____
Occupation _____
Other Directorships Yes/No _____

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 1.00

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

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

LIST OF PAST AND PRESENT MEMBERS
(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
(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 Kathleen McGlynn
Secretary/Director
(delete as appropriate)

DATE 11/9/09.

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

This return includes Continuation sheets NO

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

KATHLEEN MCGLYNN
5 SPRINGTOWN IND. EST
DERRY
BT480LY.

Tel 02871 269371 Ext _____

SCHEDULE TO FORM 371s

COMPANY NUMBER: NI034839

COMPANY NAME: ABEL ELECTRICAL & SECURITY SERVICES LIMITED

LIST OF PAST AND PRESENT MEMBERS

<p><u>PLEASE NOTE</u></p> <p>For Returns dated on or after 1st October 2008 shareholders addresses cannot be accepted. Only shareholders full names should be provided.</p>	<p>Account of Shares</p>			
	<p>Number of shares or amount of stock held by existing members at date of this return</p>	<p>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</p>		
<p>SHAREHOLDERS FULL NAME ONLY</p>		<p>Number</p>	<p>Date of registration of transfer</p>	<p>Remarks</p>

SCHEDULE TO FORM 371s

LIST OF PAST AND PRESENT MEMBERS

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SHAREHOLDERS FULL NAME ONLY		Number	Date of registration of transfer	