

011304

363a

Please complete in typescript, or in bold black capitals.		Annual Return		
CHFP000				
	Company number	O4755253		
Con	npany name in full	PAUL MURPHY INSURANCE SERVICES LIMITED		
Date of this retur		Day Month Year  [0  5   0  5   2   0   0   9		
Date of next retu  If you wish to make yo earlier than the annive please show that date House will then send a appropriate time.	ur next return to a date rsary of this return here. Companies	Day Month Year		
Registered Offic	e	FLOOR 2, HOLLAND HOUSE,		
Show here the address this return		4 BURY STREET		
Any change of registered office	Post town	LONDON		
must be notified on form 287	County/Region	L		
	UK Postcode	E 12 14 15 1A 1W		
Principal busines Show trade classification the principal activity or	on code number(s) for	<u> </u>		
If the code number car give a brief description				
/ [1818]: 187:1 a.	III IIIs see teel			



A12 23/05/2009 **COMPANIES HOUSE**  When you have completed and signed the form please send it to the

For companies registered in Scotland

Registrar of Companies at:
Companies House, Crown Way, Cardiff, CF14 3UZ

for companies registered in England

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX 83050 Cardiff

DX BD235 Edinburgh 1

England

Ox 1 B.4 Edinburgh 2

or LP-4 Edinburgh 2

Register of members	
If the register of members is not kept at the registered office, state here where it is kept	1
	1
Post town	
County/Region	
UK Postcode	
Register of Debenture holders If there is a register of debenture holders, or a	<u> </u>
duplicate of any such register or part of it, which is not kept at the registered office, state here	
where it is kept	
Post town	· · · · · · · · · · · · · · · · · · ·
County/Region	<u> </u>
UK Postcode	
Company type	
Public limited company	
Private company limited by shares	
Private company limited by guarantee wit share capital	hout
Private company limited by shares exemp	ot under Please tick the appropriate box
section 30 Private company limited by guarantee ex	empt
under section 30	
Private unlimited company with share car	pital
Private unlimited company without share	capital
Company Secretary	Details of a new company secretary must be notified on form 288a
* Voluntary details (Please photocopy Name *Style/Title this area to provide	e
details of joint	B) ALASTAIR GEORGE
	e HESSETT
address shown is a	T ILA EAGLESHAM ROAD
beneficiary of a Address † Confidentiality Order granted under section	
723B of the Companies	NEWTON MEARNS
give your usual Post tow residential address. In	n GLASGOW
the case of a corporation or Scottish firm, give the County/Regio	n [
registered or principal office address. UK Postcod	e G 7 7 5 B G
If a partnership, give the	y   UNITED KINGDOM
the partners or the name of the partnership and	, <u></u>
office address	

Directors Please list the directors * Voluntary details In the case of a	in alphabetical order	Details of new directors must be notified on form 288a
director that is a	Name *Style/Title	. [
Scottish firm, the name is the		Day Month Year
corporate or firm name	Date of birth	1 8 1 0 91 1 9 6 4
	Forename(s	CHRU MICH HEL
†† Tick the box if the	Surname	CILES
address shown is a service address for the beneficiary of a	Address ††	18 THE BARTON
Confidentiality Order granted under section	, [	
723B of the Companie Act 1985. Otherwise, give your usual	Post towr	COBHAM
residential address. In the case of a corporation or Scottis	County/Region	SURREY
firm, give the register or principal office address.		K T I I 2 N J
	Country	UNITED KINGDOM
	Nationality	BRITISH
	Business occupation	DIRECTOR
Directors Please list the directors * Voluntary details	in alphabetical order	Details of new directors must be notified on form 288a
In the case of a director that is a	Name *Style/Title	
corporation or a Scottish firm, the		Day Month Year
name is the corporate or firm name	Date of birth	12 310 111 19 6 4
	Forename(s	PAUL DOMINIC
	Surname	MATSON
†† Tick the box if the address shown is a service address for the		FLOOR 2 HOLLAND HOUSE,
beneficiary of a Confidentiality Order		•
granted under section 723B of the Companie	es .	L BURY STREET,
Act 1985. Otherwise, give your usual residential address. It		LONDON
the case of a corporation or Scottis	County/Region	
firm, give the register or principal office	ed UK Postcode	E C 3 A 5 A W
address.	Country	UNITED KINGDOM
	Nationality	BRITISH
		DIRECTOR

Directors Please list the directors in alphabetical order * Voluntary details In the case of a		Details of new directors must be notified on form 288a
director that is a corporation or a	Name *Style	/Title
Scottish firm, the name is the		Day Month Year
corporate or firm name	Date of	birth 2 8 / 1 1 1 9 6 4
	Forenar	ne(s) HAZEL
†† Tick the box if the	Surr	name MCINTURE
address shown is a service address for th beneficiary of a	e Addres	ss tt 38 CLUNY GARDENS
Confidentiality Order granted under section 723B of the Companie		
Act 1985. Otherwise, give your usual	Post	town EDINGURGH
residential address. In the case of a corporation or Scottis	County/Re	gion
firm, give the register or principal office address.		code E H I O L B N
	Co	UNITED KINGOOM
	Natio	nality BRITIGH
	Business occup	ation DIRECTOR
Directors Please list the directors * Voluntary details	in alphabetical order	Details of new directors must be notified on form 288a
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Please list the directors  * Voluntary details  In the case of a director that is a corporation or a Scottish firm, the	Name *Style	/Title
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Please list the directors *Voluntary details  In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name  †† Tick the box if the address shown is a service address for th beneficiary of a Confidentiality Order granted under section 723B of the Compania, Act 1985. Otherwise, give your usual residential address. In the case of a	Name *Style  Date of  Forenai  Suri  Addre	/Title
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Please list the directors * Voluntary details  In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name  †† Tick the box if the address shown is a service address for th beneficiary of a Confidentiality Order granted under section 723B of the Companie Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottis firm, give the register or principal office	Name *Style  Date of Forenai  Sure Addres  Post County/Res  Co	Day   Month   Year
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Issue share capital Enter details of all the shares in issue at the date of this return	Class (e.g. Ordinary/Preference)	Number of shares issued	Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)
	ORDINARY	100	100
	Totals	100	100
Traded public companies A traded public company means a company any of whose shares are shares admitted to trading on a regulated market	Please tick this box if your c public company at any time this return		
List of past and present shareholders (use attached schedule where appropriate)	Please tick the appropriate b	oox below:	On paper In another format
Private or non-traded public companies are required to provide a "full list" if one was not included with either of the last two returns.	A full list of shareholders for a private or non-traded public company is enclosed. Please complete Schedule A.		
Traded public companies are required to provide a list of shareholders who held at least 5% of the issued shares of any share class if a list was not provided with either of the last two	A list of shareholders holding at least 5% of the issued shares of any share class for a traded public company is enclosed. Please complete Schedule B.		
returns.	A list containing shareholder  → For private or non-tracomplete Schedule	ded public companies, <b>ple</b>	ase
	·	npanies, please complete	
	There were no shareholder	changes in this period	
Certificate	I certify that the information knowledge and belief	given in this return is true t	o the best of my
Signed			ate
* Please delete as appropriate  When you have signed the return, send it with the fee to the Registrar of Companies. Make cheques payable to Companies House.	*( <del>director</del> / secretary)  This return includes  (e	continuation sheets	
You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the	LSuscinah Cuthi	11, Floor 7, 5p d Street, Glasg	ow; G2 7AT
public record.	DX number   Оіц.) 285 (	<b>3354</b> DX exchange [	Page 4

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This must only be completed by private and public limited companies that have not traded on a regulated market

## Schedule A for private or non-traded public companies List of past and present shareholders

(Please use	а	continuation	sheet i	if	required
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_			
Com	pany	num	ber

04755253

Company name in full

PAUL	MURPHY	INSURANCE	SERVICES	LIMITED

- Changes to shareholders' particulars or details of the amount of stock or shares transferred must be completed each year
- > You must provide a "full list" of all company shareholders on:
  - The company's first annual return following incorporation
  - Every third annual return after a full list has been provided
- List the company shareholders in alphabetical order or provide an index
- > List joint shareholders consecutively

## Do not give shareholder address information

	Class and number of	Shares or amount of stock transferred (if appropriate)		
Shareholder's name only	shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer	
Name				
PAUL MARCHY		100 Ordinary Shares	26/6/ 2008	
Name			2616/2008	
CHESTRANSE BUSKERS MADE	100 Ordinary shares		261612000	
Name	<del></del>			
Name				
		<u> </u>		
Name				
Name				
		<u> </u>		
Name				
Name				
Name	<del></del>			