

Please complete in typescript, or in bold black capitals.

Annual Return

CHFP000

Company number

05179062

Company name in full

GREATBATCH MEDICAL LIMITED

Date of this return

The information in this return is made up to

Day

Month

Year

1 4 / 0 7 / 2 0 0 9

Date of next return

If you wish to make your next return to a date earlier than the anniversary of this return please show that date here. Companies House will then send a form at the appropriate time.

Day

Month

Year

/ / / / /

Registered Office

Show here the address at the date of this return

C/O REVELL WARD LLP

7TH FLOOR, 30 MARKET STREET

Any change of registered office must be notified on form 287

Post town

HUDDERSFIELD

County/Region

WEST YORKSHIRE

UK Postcode

H D 1 / 2 H G

Principal business activities

5118

Show trade classification code number(s) for the principal activity or activities

If the code number cannot be determined, give a brief description of principal activity



AJHB1C31

A14

03/08/2009

113

COMPANIES HOUSE

When you have completed and signed the form please send it to the

Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ

DX 33050 Cardiff

for companies registered in England or Wales or

Companies House, 139 Fountainbridge, Edinburgh, EH3 9FF

DX ED235 Edinburgh 1
or LP-4 Edinburgh 2

For companies registered in Scotland

Register of members

If the register of members is not kept at the registered office, state here where it is kept

Post town

County/Region

UK Postcode

Register of Debenture holders

If there is a register of debenture holders, or a 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

UK Postcode

Company type

Public limited company

Private company limited by shares

Private company limited by guarantee without share capital

Private company limited by shares exempt under section 30

Private company limited by guarantee exempt under section 30

Private unlimited company with share capital

Private unlimited company without share capital

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please tick the appropriate box

Company Secretary

Details of a new company secretary must be notified on form 288a

* Voluntary details
(Please photocopy
this area to provide
details of joint
secretaries).

Name

*Style/Title

Forename(s)

Surname

Address ††

†† Tick the box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

If a partnership, give the names and addresses of the partners or the name of the partnership and office address

UK Postcode

Country

Directors

Please list the directors in alphabetical order

* Voluntary details

In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name

Name

*Style/Title

MR

Day

Month

Year

Date of birth

2 5 / 1 1 / 1 9 5 3

Forename(s)

THOMAS J

Surname

MAZZA

Address ††

9775 KEYSTONE COURT

Post town

CLARENCE

County/Region

NEW YORK

UK Postcode

Country

USA

Nationality

AMERICAN

Business occupation

CHIEF FINANCIAL OFFICER

†† Tick the box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

☐**Directors**

Please list the directors in alphabetical order

* Voluntary details

In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name

Name

*Style/Title

MR

Day

Month

Year

Date of birth

1 0 / 0 8 / 1 9 5 7

Forename(s)

TIMOTHY G

Surname

MCEVOY

Address ††

190 DEPEW AVENUE

Post town

BUFFALO

County/Region

NEW YORK

UK Postcode

Country

USA

Nationality

AMERICAN

Business occupation

ATTORNEY

†† Tick the box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

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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

10,000

£10,000

Totals

10,000

£10,000

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 company was a traded public company at any time during the period of this return

☐
List of past and present shareholders

(use attached schedule where appropriate)

Please tick the appropriate box 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.**

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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 returns.

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.**

☐
☐

A list containing shareholder changes is enclosed

☐
☐

→ For private or non-traded public companies, please complete **Schedule A**

→ For traded public companies, please complete **Schedule B**

There were no shareholder changes in this period

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Certificate

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

Signed

T. M. E. V. O. Y.

Date

20 July, 2009

* Please delete as appropriate

*(director / secretary)

When you have signed the return, send it with the fee to the Registrar of Companies. Make cheques payable to Companies House.

This return includes

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continuation sheets

(enter number)

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 public record.

REVELL WARD LLP

7TH FLOOR, 30 MARKET STREET

HUDDERSFIELD, HD1 2HG

DX number

DX exchange

Directors

Please list the directors in alphabetical order

* Voluntary details

In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name

Name *Style/Title

Details of new directors must be notified on form 288a

Day Month Year

Date of birth 2 6 / 1 0 / 1 9 6 4

Forename(s) SUSAN

Surname CAMPBELL

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☐

Address †† 72 NATURE COVE COURT

Post town WILLIAMSVILLE, NEW YORK

County/Region ERIE

UK Postcode

Country USA

Nationality AMERICAN

Business occupation BUSINESS MANAGER

Directors

Please list the directors in alphabetical order

* Voluntary details

In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name

Name *Style/Title

Details of new directors must be notified on form 288a

Day Month Year

Date of birth

Forename(s)

Surname

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☐

Address ††

Post town

County/Region

UK Postcode

Country

Nationality

Business occupation