

AR01 (ef)

Annual Return



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06/10/2015

Company Name:

WEBINAR FINANCE TRAINING LIMITED

Company Number:

04600027

Date of this return:

08/09/2015

SIC codes:

70229

Company Type:

Private company limited by shares

Situation of Registered

Office:

9 APPLEBY CRESCENT

MOBBERLEY

KNUTSFORD

CHESHIRE

WA16 7GB

Officers of the company

Company Secretary	1	
Type:	Person	
Full forename(s):	MR KIERAN MATTHEW JAMES	
Surname:	MAGUIRE	
Former names:		
Samijaa Adduass naaandaa	dag Company's registered office	
	d as Company's registered office	
Company Director	1	
Type:	Person	
Full forename(s):	MRS GAIL CATHERINE	
Surname:	MAGUIRE	
Former names:		
C 1 1 1 1 1 1 1 1	1 C	
Service Address recorded as Company's registered office		
Country/State Usually Resident: ENGLAND		
Date of Birth: 19/08/1961	Nationality: BRITISH	
Occupation: EDUCATION		
-		

Company Director 2

Type: Person

Full forename(s): MR KIERAN MATTHEW JAMES

Surname: MAGUIRE

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: ENGLAND

Date of Birth: 01/03/1962 Nationality: BRITISH

Occupation: LECTURER

Statement of Capital (Share Capital)

Class of shares	ORDINARY	Number allotted	20
Currency	GBP	Aggregate nominal value Amount paid per share Amount unpaid per share	20 1 0
Prescribed partic			

Class of shares	PREFERENCE	Number allotted	20
Currency	GBP	Aggregate nominal value	20
		Amount paid per share	1
		Amount unpaid per share	0

Prescribed particulars

NON VOTING PREFERENCE SHARES

Statem	nent of Capital	(Totals)		
Currency	GBP	Total number of shares	40	
		Total aggregate nominal value	40	

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 08/09/2015 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : 20 PREFERENCE shares held as at the date of this return

Name: ANNABELLE MAGUIRE

Shareholding 2 : 20 ORDINARY shares held as at the date of this return

Name: GAIL MAGUIRE

Authorisation

Authenticated	unorisation
This form was authorised by one of the following	:
Director, Secretary, Person Authorised, Charity Co	ommission Receiver and Manager, CIC Manager, Judicial Factor.