

FORM 18

Notice of situation or change of situation of registered office

[Pursuant to section 146 of the Companies Act, 1956]

Form Language English हिन्दी

Note - All fields marked in * are to be mandatorily filled.

1. * This form is for New company Existing company

2. (a) * Form 1A reference number (Service request number (SRN) of Form 1A) or corporate identity number (CIN) of company

U45203DL2011PTC212558

(b) Global location number (GLN) of company

Pre-Fill

3.(a) Name of the company

REGIONAL CONSTRUCTION PRIVATE LIMITED

(b) Address of the registered office of the company

PLOT NO. 7, BASEMENT LOCAL SHOPPING COMPLEX
B-1, VASANT KUNJ
NEW DELHI
Delhi
INDIA
110070

(c) Name of office of existing Registrar of Companies(RoC)

Registrar of Companies, National Capital Territory of Delhi and Haryana

(d) Purpose of the form

- Change within local limits of city, town or village
 Change outside local limits of city, town or village
 Change in office of RoC within same state
 Change in state within office of same RoC
 Change in state outside office of existing RoC

4. Notice is hereby given that

(a) The address of the registered office of the company with effect from

12/12/2011 (DD/MM/YYYY) is

The date of incorporation of the company is

*Address Line I ROOM NO 205, WELCOME PLAZA, S-551

Line II SCHOOL BLOCK II, SHAKARPUR,

* City DELHI

* District East Delhi

* State Delhi-DL

Country INDIA

* Pin code 110092

* e-mail ID drastogica@hotmail.com

(b) * Name of office of proposed RoC or new RoC

Registrar of Companies, National Capital Territory of Delhi and Haryana

(c) The full address of the police station under whose jurisdiction the registered office of the company is situated

* Name SHAKARPUR POLICE STATION

* Address Line I SHAKARPUR

Line II

* City DELHI

* State Delhi-DL

* Pin code 110092

5.(a) SRN of Form23

(b) SRN of relevant form

(Mention the SRN of related Form 1AD, 21; if applicable)

6.(a) Date of order of company law board (CLB) or any other competent authority (DD/MM/YYYY)

(b) Petition number

Attachments

1. Optional attachment(s) - if any

List of attachments

Verification

To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete.

I have been authorised by the Board of directors' resolution number dated to sign and submit this form (DD/MM/YYYY)

I am authorised to sign and submit this form.

To be digitally signed by

Managing director or director or manager or secretary of the company

HAREN
DRA
NAGAR

* Designation

* Director identification number of the director or Managing Director; or Income-tax permanent account number (income-tax PAN) of the manager; or Membership number, if applicable or income-tax PAN of the secretary (secretary of a company who is not a member of ICSI, may quote his/ her income-tax PAN)

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

Chartered accountant (in whole-time practice) or Cost accountant (in whole-time practice) or Company secretary (in whole-time practice)

DHIRENDRA
RASTOGI

* Whether associate or fellow Associate Fellow

* Membership number or certificate of practice number

This eForm has been taken on file maintained by the registrar of companies through electronic mode and on the basis of statement of correctness given by the filing company