

Please complete in typescript, or in bold black capitals.

CHFP029

0002110 315 363a

Annual Return

Company Nu	ımber [209324
Company Name	in full LLOYDS BANK TRUSTEES LIMITED
Date of this return The information in this return is made up	Day Month Year to 2 5 / 0 3 / 2 0 0 3
Date of next return If you wish to make your next return to a date earlier than the anniversal of this return please show the date Companies House will then send a at the appropriate time.	ry here. Day Month Year
Registered Office Show here the address at the dat this return.	te of 71 LOMBARD STREET
must be notified on form 287. County	ost town LONDON / Region
UK F	Postcode E C 3 P 3. B S
Principal business activities	es
Show trade classification code nur for the principal activity or activities	
If the code number cannot be dete give a brief description of principal	

COMPANIES HOUSE

Form revised September 1999

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 and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

Register of mer If the register of memb registered office, state	ers is not kept at the	
	County / Region լ	UK Postcode
Register of Det If there is a register of or a duplicate of any s of it, which is not kept office, state here when	such register or part L at the registered	N/A
	County / Region	UK Postcode
Company type		
Public limited company		
Private company limited	by shares	X
Private company limited share capital	by guarantee without	
Private company limited section 30	by shares exempt under	Please tick the appropriate box
Private company limited under section 30	by guarantee exempt	
Private unlimited compa	any with share capital	
Private unlimited compa	any without share capital	
Company Sec (Please photocopy this area to provide details of joint sec-		Details of a new company secretary must be notified on form 288a.
retaries).	Name * Style / Title	
* Voluntary details. If a partnership give	Forename(s)	
the names and addresses of the part- ners or the name of	Surname(s)	GARRARD
the partnership and office address.	Address	50 APSLEY ROAD
Usual residential address must be		
given. In the case of a corporation, or a	1 031 101111	SOUTH NORWOOD
Scottish firm, give the registered or prin- cipal office address.	County / Region	LONDON UK Postcode S E 2 5 4 X T
	Country	
		Page 2

Directors Please list directors in	n alphabe		Details of new directo	rs must be not	ified on form 2	88a	
	Name	* Style / Title	MR.				
Directors In the			Day Month	Year			
case of a director that is a corporation or a Scottish firm, the		Date of birth	0 1 / 0 1 / 1	9 6 1			
name is the corporate or firm name.		Forename(s)	IAN JAMES				
		Surname	BRITTAIN				
	Addres	s	12 LAMORNA GARDE	NS, WESTERGA	TE		
Usual residential address must be given. In the case of	0	_					
corporation or a		Post town	CHICHESTER	/			
Scottish firm, give the registered or principal office address.		County / Region	WEST SUSSEX		UK Postcode	P 0 2 0	3 R L
		Country	ENGLAND		Nationality	BRITISH	
	Busin	ess occupation	BANK MANAGER				
* Voluntary details.							
	Name	* Style / Title	MR.				
Directors In the			Day Month	Year			
case of a director th is a corporation or a Scottish firm, the		Date of birth	0 1 / 1 0 / [1 [9 [6 [1			
name is the corpo- rate or firm name.		Forename(s)	GRAHAME PAUL				
		Surname	LISLE				
	Addre	ess	APPLE TREE COTTA	AGE, THE STREE	ET		
Usual residential address must be			L				
given. In the case o corporation or a		Post towr	FRAMFIELD				
Scottish firm, give to registered or princip office address		County / Region	EAST SUSSEX		UK Postcoc	de T N 2 2	5 N)

Country | ENGLAND

Business occupation | BANK OFFICIAL

Nationality | BRITISH

Please list directors in	alphabeti	cal order.						
1	Name	* Style / Title	MR.					
Directors In the case of a director that is a corporation or a		Date of birth	Day	Month / [0 [8 / [Year			
Scottish firm, the name is the corporate or firm name.		Forename(s)	ADAM	JONATHAN				
		Surname	PHELF	°S				
	Address	;	12 OR	CHID PARK				
Usual residential address must be given. In the case of a		Post town	L	ARDS HEATH				
corporation or a Scottish firm, give the registered or principal office address.	c	County / Region	WEST	SUSSEX		UK Postcode	R H 1 6	3 J F
omoc address.		Country	ENGL	AND		Nationality	BRITISH	
	Busine	ss occupation	OPER	ATIONS MAN	AGER			
* Voluntary details.	Name	* Style / Title	۱ M R.					
Directors In the	itanic	24,107	Day	Month	Year		_	
case of a director that is a corporation or a Scottish firm, the	t	Date of birth	2 0		1 9 6 7			
name is the corpo- rate or firm name.		Forename(s)	DAVI	D MARK				
		Surname	woo	DFIELD				
	Addres	ss	13 PI	RIORY WAY				
Usual residential address must be			L					
given. In the case of corporation or a		Post town	HAY	WARDS HEAT	ГН			
Scottish firm, give th registered or princip office address.		County / Region	WES	ST SUSSEX		UK Postcod	e R H 1	6 3 L
		Country	<u> </u>			Nationality	BRITISH	
	Busin	ess occupation	BAN	IK MANAGER				

Details of new directors must be notified on form 288a

Directors

Issued share capital Enter details of all the shares in issue at the date of this return.	Class (e.g. Ordinary/Preference)	Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)		
	ORD SHARES OF £1	100	£ 100.00	
	Totals	100	£ 100.00	
List of past and present shareholders (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two	There were no changes	in the period		
returns.		on pape	er in another format	
	A list of changes is encl	osed		
	A full list of shareholder	rs is enclosed X		
Certificate	I certify that the informa knowledge and belief.	ition given in this return i	s true to the best of my	
Signed	Bicin	Dar Dar	te 25/3/03	
† Please delete as appropriate.	† a director /secretary			
When you have signed the return send it				
with the fee to the Registrar of Companies Cheques should be made payable to Companies House.	This return includ	es / (enter number)	continuation sheets.	
Please give the name, address, telephone number, and if available, a DX number and Exchange, for the person Companies House should contact if there is any query.	SHARON GARRARD, SECRET	ARY'S DEPARTMENT, 25 GRESHA	MM STREET, LONDON, EC2V 7HN	
	L	Tel [020 7356 10	11	
	DX number	DX exchange		



List of past and present shareholders Schedule to form 363a

CHFP029

Company Number	209324	
Company Name in full	LLOYDS BANK	TRUSTEES LIMITED
Ĺ		
,		to shareholders particulars or details of the amount of stock transferred must be completed each year
	You must	provide a "full list" of all the 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

Shareholders' details	Class and number of shares or amount of stock held	Shares or amount of stoc (if appropri Class and number of shares or amount of stock transferred	k transferred late) Date of registration of transfer
Name LLOYDS TSB BANK PLC Address [71 LOMBARD STREET, LONDON, ENGLAND L UK Postcode JELOUS JR. 13 JR. 18 JR.	ord shares of £1		
Name Address			
UK Postcode LLLL LL			
Address UK Postcode	-		