

Please complete in typescript, or in bold black capitals.

vat £ 150 × 10 363a

Annual Return

CHFP029

Company Number

301618		

Company Name in full

Optrex Limit	ted				

Date of this return (See note 1) The information in this return is made up to

Day	Mo	Month		ear		
0 7	0	8	2	O	0	10

Date of next return (See note 2) If you wish to make your next return to a date earlier than the anniversary of this return please show the date here. Companies House will then send a form at the appropriate time.

Da	ау	Month		Y	ear			
0	7	0	8	2	0	0	1	

1 THANE ROAD WEST

NG2 3AA

Registered Office(See note 3)
Show here the address at the date of this return.

Any change of registered office must be notified on form 287.

Post town

County / Region

Postcode

NOTTINGHAM				
		 		

Principal business activities

(See note 4)

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.

7440			
	·	 	



When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF4 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

Page 1

Register of me If the register of memb registered office, state						
-	Post town					
	County / Region		Postcode			
	·					
Register of De (See note 6)	benture holders					
If there is a register of and it is not kept at the state here where it is k	registered office,					
	Post town			,		
	County / Region		Postcode			
Company type	(See note 7)					
Public limited company						
Private company limited b	by shares	X				
Private company limited by share capital	y guarantee without					
Private company limited be section 30	y shares exempt under	Please mark the appropriate box				
Private company limited to under section 30	oy guarantee exempt					
Private unlimited compan	y with share capital					
Private unlimited compan	y without share capital					
Company Sec	retary(see notes 1-5)	Details of a new compan	y secretary must be notific	ed on form 288a.		
(Please photocopy this area to provide details of joint	lame * Style / Title	MS	*Honours etc			
secretaries).	Forename(s)	SONIA				
* Voluntary details.	Surname	FENNELL				
• • • • • • • • • • • • • • • • • • • •	Previous forename(s)					
	Previous surname(s)					
A	ddress	GILLIVER COTTAGE				
Usual residentia	ı	CLIPSTON ON THE WOLDS				
address must be given. In the case o		NOTTINGHAM				
corporation, give the registered or princip			Postcode	NG12 5PD		
office address.	Country					

Directors (see note		Details of new director	s must be notified on	form 2	88a			
Please list directors	in alphabetical order.		1					
Nan	ne * Style / Title	MR		Day	Month	Year		
-	* Honours etc		Date of birth	2 5	0 6	1 9	5	3
	Forename(s)	BARRY						
	Surname	CLARE						
	Previous forename(s)							
	Previous surname(s)]
Add	Iress	12 BIRKDALE CLOSE, EDV	WALTON					
Usual residential								
address must be given. In the case of		NOTTINGHAM						
corporation, give the registered or principa office address.			Pos	stcode	NG12 4F	NG12 4FB		
onice address.	Country		Natio	onality	BRITISH			
Bus	siness occupation	DIRECTOR						
Oth	er directorships	See attached list						
* Voluntary details.								
			٦					
Nar	me * Style / Title	MR		Day	Month	Year		
	* Honours etc		Date of birth	0 8	0 9	1 9	_] 4	4
	Forename(s)	PHILLIP						
	Surname	DAVEY					· · · · · ·	
	Previous forename(s)							
	Previous surname(s)							
Add	dress	WILLOW LODGE, 38 THE	CHANCERY					
Usual residential address must be	ı	BRAMCOTE						
given. In the case of corporation, give the	e Post town	NOTTINGHAM						
registered or princip office address.	oal County / Region		Pos	stcode	NG9 3A	J		
	Country	,	Natio	onality	BRITISH			
Bu	siness occupation	DIRECTOR						
Oth	her directorships	See attached list						

Directors (see notes 1-5) Please list directors in alphabetical order			Details of new direct	ors must	be notified on	form :	288a.		
, rouge not un oc	Name	* Style / Title	MR			Day	Month	Year	
-		* Honours etc			Date of birth	2 6	0 1	1 9	6 2
		Foreneme(s)	JONATHAN STUART						
		Surname	SINCLAIR						
	Pre	vious forename(s)							
		Previous surname							
	Address	.	57 HALLFIELDS, EDWA	LTON				<u></u>	
Usual resider	ntial								
address must given. In the cas	be	Post town	NOTTINGHAM						
corporation, give registered or pri	e the	County / Region			Pos	tcode	NG12 4	IAA	
office address.	•	Country							
	Nationa	lity	BRITISH						
	Busines	s occupation	DIRECTOR						
	Other di	irectorships	See attached list						
	Name	* Style / Title				Day	Month	Year	
		* Honours etc			Date of birth	Day	TVIOITATI	T	1
		Forename(s)				<u> </u>			
		Surname							
	Pre	vious forename(s)							
		Previous surname						===	
	Address								
	Address	S				<u> </u>			
Usual resider address must		5 4							
given. In the car corporation, giv	se of a	Post town							
registered or pr office address.		County / Region			Pos	stcode			
		Country							
	Nationa	-							
		ss occupation							
	Other d	irectorships							
* Voluntary details.									

	Other relevant directorships
Company Number	
Company Name	Optrex Limited
Directors Name	CLARE BARRY
† Directors only. † Other directorships	BHI FINANCE LIMITED
	BOOTS HEALTHCARE FINANCE LIMITED
NOTES	BOOTS HEALTHCARE INTERNATIONAL LIMITED
Show the full forenames, NOT INITIALS. If the director or secretary is a corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential line.	
Give previous forenames or surname(s) except: - for a married woman, the name by which she was known before marriage need not be given.	CROOKES HEALTHCARE LIMITED
- for names not used since the age of 18 or for at least 20 years	NUROFEN LIMITED
A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was known before he or she adopted the title or preceded to it.	THE BOOTS COMPANY PLC
Other directorships.	
Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.	
You may exclude a company which either is, or at all times during the past five years when the person concerned was a director, was	
- dormant	
a parent company which wholly owned the company making the return, or	
- another wholly owned subsidiary of the same parent company.	

	Other relevant directorships
Company Number	301618
Company Name	Optrex Limited
Directors Name	DAVEY PHILLIP
† Directors only. † Other directorships	BHI SERVICE BUREAU LIMITED
	BOOTS HEALTHCARE (CIS) LIMITED
NOTES	BOOTS HEALTHCARE (GB) LIMITED
Show the full forenames, NOT INITIALS. If the director or secretary is a corporation or Scottish firm, show the name on surname line and registered or principal office	
on the usual residential line. Give previous forenames or surname(s) except: - for a married woman, the name by which she was	BOOTS HEALTHCARE (MEMA) LIMITED
known before marriage need not be given. - for names not used since the age of 18 or for at least 20 years	BOOTS HEALTHCARE CENTRAL & EASTERN EUROPE LIMITED
A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was	COUNCIL OF THE INSTITUTE OF GROCERY DISTRIBUTION
known before he or she adopted the title or preceded to it.	CROOKES HEALTHCARE LIMITED
Other directorships.	
Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.	NUROFEN LIMITED
You may exclude a company which either is, or at all times during the past five years when the person concerned was a director, was	PROPRIETARY ASSOCIATION OF GREAT BRITAIN
- dormant	
- a parent company which wholly owned the company making the return, or	
 another wholly owned subsidiary of the same parent company. 	

	Other relevant directorships
Company Number	301618
Company Name	Optrex Limited
Directors Name	SINCLAIR JONATHAN STUART
† Directors only. † Other directorships	BHI SERVICE BUREAU LIMITED
	BOOTS HEALTHCARE (CIS) LIMITED
NOTES	BOOTS HEALTHCARE (GB) LIMITED
Show the full forenames, NOT INITIALS. If the director or secretary is a corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential line.	
Give previous forenames or surname(s) except: - for a married woman, the name by which she was known before marriage need not be given.	BOOTS HEALTHCARE (MEMA) LIMITED
- for names not used since the age of 18 or for at least 20 years	BOOTS HEALTHCARE CENTRAL & EASTERN EUROPE LIMITED
A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was known before he or she adopted the title or preceded	BOOTS HEALTHCARE INTERNATIONAL LIMITED
to it.	CROOKES HEALTHCARE LIMITED
Other directorships.	
Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.	DO IT ALL (HOLDINGS) LIMITED
You may exclude a company which either is, or at all times during the past five years when the person concerned was a director, was	DO IT ALL LIMITED
- dormant	PAUL MADELEY LIMITED
 a parent company which wholly owned the company making the return, or 	·
- another wholly owned subsidiary of the same parent company.	PAYLESS DIY LIMITED

	Class	Number of	Aggregate	
Issued share capital (see note 9) Enter details of all the shares in issue at the date of this return.	(e.g. Ordinary/Preference)	shares issued	Nominal Value (i.e. Number of shares issued multiplied by nominal value per share)	
•	£1 ORDS	362,000	£ 362,000.00	
	Totals	362,000	£ 362,000.00	
List of past and present members (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. (see note 10)	A list of changes is encl	on paper	r in another format	
	A full list of members is	enclosed X		
Elective resolutions (Private companies only) (See note 11)	If at the date of this return an election is in force to dispense with annual general meetings, mark this box			
		rn an election is in force to ounts in general meeting		
Certificate	I certify that the information given in this return is true to the best of my knowledge and belief.			
Signed	Jenne	Date	10/12000	
† Please delete as appropriate.	† a -directo r/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 include	(enter number)	ontinuation sheets.	
Please give the name, address, telephone number, and if available, a DX number and Exchange, for the person Companies House should	SONIA FENNELL, THE BOOTS C	COMPANY PLC, GROUP HEADQUAR	RTERS, NOTTINGHAM, ., NG2 3AA	
contact if there is any query.	Tel 0115-968 7094			
	DX number ⁷¹²⁰⁶¹	DX exchange BEE	STON 2	



Please complete in typescript,

List of past and present members

or in bold black capitals. CHFP029	Schedule to form 363a, 363b		
Company Number	301618		
Company Name in full	Number of shares Particulars of shares or stock transferred since or amount of the date of the last return (or in the case of the stock held by first return, since the incorporation of the existing members company) by at date of this (a) persons who are still members, and return. (b) persons who have ceased to be members. Number or Number or Date of amount amount registration currently held Transferred of transfer Remarks		
Name and address			
THE BOOTS COMPANY PLC NOTTINGHAM, NG2 3AA	£1 ords 361,999		
THE BOOTS COMPANY (NOMINEES) LIMITED 1 THANE ROAD WEST, NOTTINGHAM, NG2 3AA	£1 ords		