

### COMPANIES HOUSE

THE REGISTRAR OF COMPANIES COMPANIES HOUSE CROWN WAY

CARDIFF CF4 3UZ

A01 \*AHYC3VON\* 477

This form should be completed in black.

The information printed below is taken from Companies House records as at 02/04/97 If this information requires amendment use the spaces opposite.

## Date of this return (See note 1)

The information in this return should be made up to a date not later than

| Day | Month | Year |
|-----|-------|------|
| 1,7 | 0 4   | 9,7  |

### 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.

## Registered Office (See note 3)

This is the address registered by Companies House.
ROYDS WORKS
ATTERCLIFFE ROAD

ATTERCLIFFE ROAD SHEFFIELD S4 7WZ

#### Principal business activities (See note 4)

Trade classification is
7415 MANAGEMENT ACTIVITIES HOLDING COMPS

If the code cannot be determined from the notes, give a brief description of principal activity.

1000 363s

## Annual Return

of company number 00720454

company name
DEW PITCHMASTIC PLC

company type
PUBLIC LIMITED COMPANY

If you are making the return up to an earlier date, show the date here. Please note that the form must be delivered to Companies House within 28 days of this earlier date.

| Day | Month | Year |
|-----|-------|------|
| . 1 |       |      |

| Day | Month | Year |
|-----|-------|------|
|     |       |      |

| <br>••••• | ********** | <br> |
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| Г         |            | 1    |

| 00720454  Register of members (See note 5)                          | If the information shown needs amendment, give details below and, for secretary and director particulars, the date of any change. |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| The register is kept at                                             |                                                                                                                                   |
| REGISTERED OFFICE                                                   |                                                                                                                                   |
|                                                                     |                                                                                                                                   |
|                                                                     | 0                                                                                                                                 |
| Register of debenture holders (See note 6)                          |                                                                                                                                   |
| Any register of debenture holders (or duplicate) is kept at         |                                                                                                                                   |
|                                                                     |                                                                                                                                   |
|                                                                     |                                                                                                                                   |
|                                                                     |                                                                                                                                   |
| Company Secretary (See note 7)                                      | Day Month Year                                                                                                                    |
| Particulars of a new secretary <b>must</b> be notified on form 288. | Date of any change.                                                                                                               |
| IAN MICHAEL                                                         |                                                                                                                                   |
| BROWN 32 CHURCH LANE                                                |                                                                                                                                   |
| RIDGEWAY<br>SHEFFIELD                                               |                                                                                                                                   |
| S12 3XX                                                             |                                                                                                                                   |
|                                                                     |                                                                                                                                   |
| •                                                                   |                                                                                                                                   |
|                                                                     |                                                                                                                                   |
| If this person has ceased to be secretary, please                   | Day Month Year                                                                                                                    |
| state when.                                                         | Date of resignation.                                                                                                              |
| Directors (See note 7)                                              |                                                                                                                                   |
| Particulars of a new director must be notified on                   | Day Month Year  I I Date of any change.                                                                                           |
| form 288.                                                           | Date of any change.                                                                                                               |
| PAUL ST JOHN<br>DALY                                                |                                                                                                                                   |
| 20 POOL DRIVE<br>BESSACARR                                          |                                                                                                                                   |
| DONCASTER<br>SOUTH YORKSHIRE DN4 6UX                                |                                                                                                                                   |
| SOUTH TORESHIRE DN4 SUA                                             |                                                                                                                                   |
|                                                                     |                                                                                                                                   |
| Date of Birth:- 09/11/51 Nat:BRITISH                                |                                                                                                                                   |
| Occ: COMPANY DIRECTOR                                               | Day Month Year                                                                                                                    |
| If this person has ceased to be director, please state when.        | Date of resignation.                                                                                                              |
| Show any relevant current and previous directorships.               | SEE ATTACHED                                                                                                                      |

PAGE

# If the information shown needs amendment, give details below and the date of any change. Day Month Year Date of any change. Day Month Year Date of resignation. SEE MICHCUS) Day Month Year Date of any change. Day Month Year Date of resignation. ATTACIO Day Month Year Date of any change.

Day

Month

Date of resignation.

#### **Directors - continued**

Particulars.

JOHN HUGH
GRAYSON
FCA
BRAMLEY FARM
FORD ROAD MARSH LANE
SHEFFIELD
S31 9RE

Date of Birth:- 26/11/44
Nat:BRITISH
Occ:CHARTERED ACCOUNTANT

If this person has ceased to be director, please state when.

Show any relevant current and previous directorships.

### Particulars.

JOHN LESLIE
MAYALL
4 SLAYLEIGH LANE
SHEFFIELD
SOUTH YORKSHIRE S10 3RF

Date of Birth:- 22/04/47 Nat:BRITISH

Occ: COMPANY DIRECTOR

If this person has ceased to be director, please state when.

Show any relevant current and previous directorships.

#### Particulars.

WILLIAM CHARLES FRANK
MOORE
3 BENEDICT ROAD
HORNING
NORWICH
NORFOLK NR12 8PH

Date of Birth:- 21/05/24 Nat:BRITISH

Occ: CHARTERED ACCOUNTANT

If this person has ceased to be director, please state when.

Show any relevant current and previous directorships.

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If the information shown needs amendment, give 00720454 details below and the date of any change. **Directors - continued** Month Day Year Particulars. Date of any change. EDGAR REID WILSON BSC CENG MICE STEEPWAY 3 SCHOOL LANE HESWALL WIRRAL MERSEYSIDE L60 ODP Date of Birth: - 05/06/43 Nat: BRITISH Occ: COMPANY DIRECTOR Day Month Year If this person has ceased to be director, please Date of resignation. state when. Show any relevant current and previous directorships. Day Month Year Particulars. Date of any change. NO MORE DIRECTORS - ADDITIONAL SECRETARIES OR DIRECTORS MUST BE NOTIFIED ON FORM 288a. Day Month Year If this person has ceased to be director, please state when. Date of resignation. Show any relevant current and previous directorships. Day Month Year Particulars. Date of any change. NO MORE DIRECTORS - ADDITIONAL SECRETARIES OR DIRECTORS MUST BE NOTIFIED ON FORM 288a. Day Month Year If this person has ceased to be director, please state when. Date of resignation. Show any relevant current and previous directorships.

PAGE

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| NO MORE DIRECTORS - ADDITIONAL SECRETARIES OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.  If this person has ceased to be director, please state when.  NO MORE DIRECTORS - ADDITIONAL SECRETARIES OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.  Day Month Year  Date of resignation.  Day Month Year  Date of any change.                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Directors - continued                                 | Day Manth Vasy        |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------|--|--|--|--|
| NO MORE DIRECTORS - ADDITIONAL SECRETARIES OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.  If this person has ceased to be director, please state when.  Day Month Year  Date of resignation.  Day Month Year  Date of any change.  Day Month Year  Date of resignation.  Date of resignation.  Date of resignation.  Date of resignation.  Date of any change.  Day Month Year  Date of resignation.  Date of any change.  Day Month Year  Date of resignation.                                                                                                                                                                                                                                                                                 | Particulars.                                          |                       |  |  |  |  |
| If this person has ceased to be director, please state when.  Day Month Year  Date of resignation.  Day Month Year  Date of any change.  Day Month Year  Date of resignation.  Day Month Year  Date of any change.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       | Date of any offerige. |  |  |  |  |
| If this person has ceased to be director, please state when.  Day Month Year  Date of resignation.  Day Month Year  Date of any change.  Day Month Year  Date of resignation.  Day Month Year  Date of any change.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |                       |  |  |  |  |
| If this person has ceased to be director, please state when.  Day Month Year  Date of resignation.  Day Month Year  Date of any change.  Day Month Year  Date of resignation.  Day Month Year  Date of any change.  Day Month Year  Date of any change.                                                                                                                                                                                                                                                                                                                                                                                                             |                                                       |                       |  |  |  |  |
| If this person has ceased to be director, please state when.  Show any relevant current and previous directorships.  Particulars.  Day Month Year  Day Month Year |                                                       |                       |  |  |  |  |
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| If this person has ceased to be director, please state when.  Day Month Year  Date of resignation.  Day Month Year  Date of any change.  Day Month Year  Date of any change.  Day Month Year  Date of any change.  Day Month Year  Date of resignation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       |                       |  |  |  |  |
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| Show any relevant current and previous directorships.  Particulars.  Day Month Year  J J J J Date of any change.  NO MORE DIRECTORS - ADDITIONAL SECRETARIES OR DIRECTORS MUST BE NOTIFIED ON FORM 289a.  If this person has ceased to be director, please state when.  Show any relevant current and previous directorships.  Day Month Year  J J J Date of resignation.  Day Month Year  Date of resignation.  Day Month Year  Date of any change.                                                                                                                                                                                                                                                                                                                                                                                                                                              | If this person has ceased to be director, please      | <u> </u>              |  |  |  |  |
| Particulars.    Day   Month   Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | state when.                                           | Date of resignation.  |  |  |  |  |
| NO MORE DIRECTORS - ADDITIONAL SECRETARIES OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.  If this person has ceased to be director, please state when.  Day Month Year Date of resignation.  Day Month Year Date of resignation.  Day Month Year Date of of any change.  Day Month Year Date of any change.  Day Month Year Date of any change.  Day Month Year Date of any change.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Show any relevant current and previous directorships. |                       |  |  |  |  |
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| No More directors - Additional secretaries Or directors must be notified on form 288a.  If this person has ceased to be director, please state when.  Day Month Year  Date of any change.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Particulars.                                          | Day Month Year        |  |  |  |  |
| OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.    Day   Month   Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                       | Date of any change.   |  |  |  |  |
| OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.    Day   Month   Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                       |                       |  |  |  |  |
| OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.    Day   Month   Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NO MODE DIDECTORS ADDITIONAL CHARDENADING             |                       |  |  |  |  |
| If this person has ceased to be director, please state when.  Day Month Year  Date of any change.  Day Month Year  Date of any change.  If this person has ceased to be director, please state when.  Day Month Year  Date of resignation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                                                     |                       |  |  |  |  |
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| state when.  Date of resignation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.           |                       |  |  |  |  |
| state when.  Date of resignation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                       |                       |  |  |  |  |
| state when.  Date of resignation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                       |                       |  |  |  |  |
| state when.  Date of resignation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | •                                                     |                       |  |  |  |  |
| state when.  Date of resignation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                       |                       |  |  |  |  |
| state when.  Date of resignation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | If this person has speed to be director along         | Day Month Year        |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | state when.                                           | Date of resignation.  |  |  |  |  |
| Show any relevant current and previous directorships.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Show any relevant current and previous directorships. |                       |  |  |  |  |

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| Issued Share Capital (See note 8)  Enter details of all shares in issue at the date of this                                                                                             | Class<br>(eg Ordinary/<br>Preference etc.) | i                                                         | Aggregate nominal value (ie Number of shares issued multiplied by nominal value per share) |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------|--|--|
| return.                                                                                                                                                                                 | ORDINARY                                   | 1,144,444                                                 | 1,144,44                                                                                   |  |  |
|                                                                                                                                                                                         | 159 Reference 6%.                          | 1,100,000                                                 | 1,100,000                                                                                  |  |  |
|                                                                                                                                                                                         | 2nd References                             | 160,000                                                   | 160,000                                                                                    |  |  |
|                                                                                                                                                                                         |                                            |                                                           |                                                                                            |  |  |
|                                                                                                                                                                                         |                                            |                                                           | · · · · · · · · · · · · · · · · · · ·                                                      |  |  |
|                                                                                                                                                                                         | -                                          | ***************************************                   | <u>-</u>                                                                                   |  |  |
|                                                                                                                                                                                         | <del></del>                                |                                                           |                                                                                            |  |  |
|                                                                                                                                                                                         |                                            | 4149 974                                                  | ,1                                                                                         |  |  |
| •                                                                                                                                                                                       | Totals                                     | 2,404,444                                                 | 12,404,444                                                                                 |  |  |
| List of past and present members                                                                                                                                                        |                                            |                                                           |                                                                                            |  |  |
| (See note 9) (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two returns.  The last full members list was at 17/04/96 | There were no ch                           | anges in the perio                                        | Please mark the appropriate box.                                                           |  |  |
|                                                                                                                                                                                         | A list of changes                          | is enclosed                                               | not on paper                                                                               |  |  |
| Certificate                                                                                                                                                                             | Signed                                     | M                                                         |                                                                                            |  |  |
| I certify that the information given in this return is true to the best of my knowledge and belief.                                                                                     | Date 9. 05.                                | *(,                                                       | ecretary/ <del>Directo</del> r *<br>delete as appropriate)                                 |  |  |
| I enclose the fee of £ 15.                                                                                                                                                              |                                            |                                                           |                                                                                            |  |  |
| Cheques should be made payable<br>to Companies House.                                                                                                                                   |                                            | es c<br>(enter number)<br>e that you hav<br>on this page. | _                                                                                          |  |  |
|                                                                                                                                                                                         | I.M. Blown                                 |                                                           |                                                                                            |  |  |
| To whom should Companies House direct any enquiries                                                                                                                                     | Loyds Works                                |                                                           |                                                                                            |  |  |
| about the information shown in this return?                                                                                                                                             | Machan Rhs RoAD                            |                                                           |                                                                                            |  |  |
|                                                                                                                                                                                         | Sucha                                      | Postcode                                                  | 547WZ.                                                                                     |  |  |
| PAGE 6                                                                                                                                                                                  | Telephone Ou                               | 2)0.0100 E                                                | xt 212                                                                                     |  |  |

LIST OF PAST AND PRESENT MEMBERS SCHEDULE TO FORM 363

| Onmany N                                                           |                      |                                                                      | ount of Share            | es         |
|--------------------------------------------------------------------|----------------------|----------------------------------------------------------------------|--------------------------|------------|
| Company Number: 00720454                                           | Number of            | Particulars of shares transferred since the date of the last return, |                          | _          |
| Company Name:                                                      | shares or            | or, in the case of the first return, since the incorporation of the  |                          | $\bigcirc$ |
| DEW PÍTCHMASTIC PLC                                                | amount of stock held |                                                                      |                          |            |
|                                                                    | by existing          | company, by<br>(a) persons w                                         | ha ara still             |            |
|                                                                    | members at           | members, a                                                           |                          |            |
|                                                                    | date of this return. | (b) persons w                                                        |                          |            |
|                                                                    | -                    | ceased to b                                                          | e members.               |            |
| Name and address                                                   | Number               | Number                                                               | Date of                  |            |
| Name and address                                                   | Currently            | Transferred                                                          | Registration of Transfer | Remarks    |
|                                                                    | Held                 |                                                                      | Of Hallstel              |            |
| D.M. AYRES                                                         | 333,2                |                                                                      | <b>.</b> .               | :          |
| HEALD FARM LOWER FOLD. ROCHERCE OL 12 745                          | orus                 |                                                                      |                          |            |
| Rocmand OLIZ THS                                                   |                      | . ,                                                                  |                          |            |
|                                                                    |                      |                                                                      |                          |            |
| 4. 62                                                              |                      |                                                                      |                          |            |
| MRS. S.A.BROOM                                                     | 2150                 |                                                                      |                          |            |
| GEORGET BIKN, GUESTWICK LOWD.                                      | Geor                 |                                                                      | <u> </u>                 |            |
| WOOD ARLING, REEPHAM                                               |                      |                                                                      | -                        |            |
| NOLFOLK NRII LEL                                                   |                      |                                                                      |                          |            |
|                                                                    |                      |                                                                      |                          |            |
| Ch. Bloom<br>Georgés RALN, querturan LOND<br>Wood DALLING, RECHARM | 2150                 | ,                                                                    |                          |            |
| GEORGE'S RALN, GUERTHICK LOND                                      | 0435                 |                                                                      | . ,                      |            |
| Waso DALLING, RECHAM                                               |                      |                                                                      |                          | ·          |
| MOLFOLIK WRITESL                                                   |                      |                                                                      |                          |            |
|                                                                    |                      |                                                                      |                          |            |
| BEOOMBE MD AG YOUNG JONTLY                                         | 53780                |                                                                      | ·                        |            |
| OLD ENTHORIN MUTRICE                                               | olds                 |                                                                      | ,                        |            |
| STATURE LOW SURFRELD SIIXA                                         |                      |                                                                      |                          |            |
|                                                                    |                      |                                                                      |                          |            |
| Na Coombe AND AGYOUNG FONTLY                                       | 53780                |                                                                      |                          |            |
| OLD CATHEREN VICARAGE                                              | oess                 |                                                                      | ,                        |            |
| ST JAMES' NOW SWELLEN SIIXA                                        |                      |                                                                      |                          |            |
|                                                                    |                      |                                                                      |                          |            |
| NECONBE MO AGYOUNG LOWITY                                          | 53780                |                                                                      |                          |            |
| OLD CATHEDAM IN CORRE                                              | ours                 |                                                                      |                          |            |
| 81 Smest low Sufficial SI IXA                                      | <u> </u>             |                                                                      |                          |            |

LIST OF PAST AND PRESENT MEMBERS (continued) SCHEDULE TO FORM 363

| Company Number COSTOCATA                    |                      |                              | count of Share                         | S FORM 363                            |
|---------------------------------------------|----------------------|------------------------------|----------------------------------------|---------------------------------------|
| Company Number: 00720454                    | Number of            |                              | shares transferred of the last return, | (Z)                                   |
| Company Name:                               | shares or            |                              | of the first return,                   |                                       |
| DEW PITCHMASTIC PLC                         | amount of stock held | Ł .                          | poration of the                        |                                       |
|                                             | by existing          | company, by<br>(a) persons w | rho are still                          |                                       |
|                                             | members at           | members,                     |                                        |                                       |
| ]                                           | date of this return. | (b) persons w                |                                        |                                       |
| · ·                                         | Number               | ceased to                    | be members.                            | 1                                     |
| Name and address                            | Currently            | Number                       | Date of<br>Registration                | Domoste                               |
| , valle and address                         | Held                 | Transferred                  | of Transfer                            | Remarks                               |
| AICOOMBE MID AS YOUNG ZONTLY                | 53780                |                              |                                        |                                       |
| THE SOURCE INTO AS JOHN CONTRY              |                      |                              |                                        |                                       |
| OLD GRUGORA VICARAGE                        | OLDS.                |                              | , .                                    |                                       |
| ET LAMES' ROW ENSCHED 51 1XA                |                      |                              |                                        |                                       |
|                                             |                      |                              |                                        |                                       |
| PST5 DAY                                    | (1)20                |                              |                                        | •                                     |
| 1                                           | ords.                | ,                            |                                        |                                       |
| 20 1002 DRIVE BERSACARR<br>BONZAMER DAY bux |                      |                              |                                        |                                       |
| BONDRIER DICK                               |                      |                              |                                        |                                       |
|                                             |                      |                              |                                        |                                       |
| MRS K. DALY                                 | 42,000               |                              | -                                      | :                                     |
| 20 1002 HUNE RESERVER                       | OLDS.                |                              |                                        | •                                     |
| DONCKREER DNUGOX                            |                      |                              |                                        |                                       |
|                                             |                      |                              | s, r                                   |                                       |
| MRS LMENINS                                 | 1450                 |                              | -                                      |                                       |
| THE LODGE MANOR LOAD                        | oras                 |                              |                                        |                                       |
| NORTH WOOTTON KINGS LYNN                    |                      | •                            |                                        |                                       |
| MORFOLK 1630 3PZ                            |                      |                              |                                        |                                       |
|                                             |                      |                              | 4                                      |                                       |
| AR ENING                                    | 950                  |                              | -                                      |                                       |
| THE LODGE MANOR LOAD                        | olos.                |                              |                                        |                                       |
| NORTH WOOTTON KINGS LYNN                    |                      |                              |                                        |                                       |
| Nolfork 1230312.                            |                      |                              | ,,                                     |                                       |
|                                             |                      |                              |                                        | <del></del>                           |
| ENERUSI NOMINEES LIMITED 'Z'ACCOUNT         | 1332                 |                              |                                        |                                       |
|                                             | OLDS                 |                              |                                        |                                       |
|                                             |                      | -                            |                                        | · · · · · · · · · · · · · · · · · · · |
|                                             | 1                    | ·                            | . `                                    | ,                                     |

LIST OF PAST AND PRESENT MEMBERS

SCHEDULE TO FORM 363

Account of Shares

| Company Number: 00720454                   |                           |                                | count of Share                        | <u> </u>                               |
|--------------------------------------------|---------------------------|--------------------------------|---------------------------------------|----------------------------------------|
|                                            |                           | 1                              | of the last return,                   | (3)                                    |
| Company Name:                              | shares or                 | or, in the case                | of the first return,                  |                                        |
| DEW PITCHMASTIC PLC                        | amount of                 | since the incorporation of the |                                       |                                        |
|                                            | stock held<br>by existing | company, by                    |                                       |                                        |
|                                            | members at                | (a) persons w                  |                                       |                                        |
|                                            | date of this              | members, a                     |                                       |                                        |
|                                            | return.                   | (b) persons wi                 | no nave<br>se members.                |                                        |
| · · · · · · · · · · · · · · · · · · ·      | NI. see le ear            | 000000101                      |                                       |                                        |
| Name and address                           | Number                    | Number                         | Date of                               |                                        |
| Name and address                           | Currently                 | Transferred                    | Registration                          | Remarks                                |
|                                            | Held                      | 1110101100                     | of Transfer                           |                                        |
| ENTENED HOMINTER LIMITED 2' ACCOUNT (CONT) | <i>"</i> 000              |                                |                                       |                                        |
| - I NOMINGE EINGTEN Z TICCOUNT CONT        | 400,000                   |                                |                                       | ·                                      |
|                                            | Ist less                  |                                |                                       |                                        |
|                                            | 137 163 -                 | I                              |                                       |                                        |
|                                            | 24244                     |                                | • -                                   |                                        |
|                                            | 200 PREFS                 |                                |                                       |                                        |
|                                            |                           |                                |                                       | ***                                    |
|                                            |                           |                                |                                       |                                        |
| ECCRATINUETHENT THUSE PLC                  | 1836R4                    |                                |                                       | i                                      |
| 65 KINGSWAY LONDON WOR 697                 | oess                      |                                |                                       |                                        |
|                                            | 17(7/                     |                                |                                       | 7.7                                    |
| ·                                          | )7878                     |                                |                                       |                                        |
|                                            | Figure 1 16th             |                                |                                       |                                        |
|                                            |                           |                                |                                       | •                                      |
| 1.4 200                                    | 10.000                    |                                | · · · · · · · · · · · · · · · · · · · |                                        |
| NOT CHARGE CO                              | 184895                    |                                |                                       |                                        |
| Blame, CARM for LOND MARRYLANCE            | olds                      |                                |                                       |                                        |
| SWEFFIGUE S319RE                           |                           |                                |                                       | ··· ··· ··· ··· ··· ··· ··· ··· ··· ·· |
| COMINEUS 3319 RE                           |                           |                                |                                       |                                        |
|                                            |                           |                                |                                       |                                        |
|                                            |                           |                                |                                       |                                        |
| MLS BAGRAYSON                              | 136651                    |                                |                                       | _                                      |
| BRAMLEY FIRM GOLD LOTO MARRIS LAWE         | 0436                      |                                |                                       |                                        |
|                                            | OLDS                      |                                |                                       |                                        |
| Fuether Szigke.                            | , .                       |                                | 1.                                    | • .                                    |
|                                            |                           | · '                            |                                       | <u> </u>                               |
|                                            |                           |                                |                                       |                                        |
| MGIBBE                                     | 264                       |                                |                                       |                                        |
|                                            |                           | _                              | ` ;                                   | · · ·                                  |
| 27 PRIMEAND PRIVE PROJUNES                 | ors.                      |                                |                                       | . ,                                    |
| WORCE WR78QT                               |                           |                                |                                       |                                        |
|                                            |                           |                                |                                       | ,                                      |
| P. O. A.                                   |                           |                                |                                       |                                        |
| GMRMILLY                                   | 3332                      | , .                            |                                       |                                        |
| NEVILL COMPAGE CROMON CLOSE                | oers.                     | ·                              |                                       |                                        |
| habley bab, Cheque SK97BZ                  |                           |                                |                                       |                                        |
| The second                                 |                           |                                |                                       |                                        |

LIST OF PAST AND PRESENT MEMBERS (continued) SCHEDULE TO FORM 363

| The state of the s | <del>, , , , , , , , , , , , , , , , , , , </del> |                                                                            | ount of Share           | 10 1 OHW 303                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------|-------------------------|----------------------------------------|
| Company Number: 00720454                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Number of                                         | Particulars of                                                             | shares transferred      |                                        |
| Company Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | shares or                                         | since the date of the last return,<br>or, in the case of the first return, |                         | 4                                      |
| DEW PITCHMASTIC PLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | amount of<br>stock held                           | • ·                                                                        | rporation of the        |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | by existing                                       | company, by<br>(a) persons w                                               | ho are still            |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | members at                                        | members,                                                                   | and                     |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | date of this return.                              | (b) persons w                                                              | /ho have<br>be members. |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Number                                            | ceased to                                                                  |                         |                                        |
| Name and address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Currently                                         | Number                                                                     | Date of Registration    | Domorko                                |
| Trainio ana additioo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Held                                              | Transferred                                                                | of Transfer             | Remarks                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tield                                             |                                                                            | -                       |                                        |
| GIMTHORE ENTERPRISE TRUST PLC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 319%                                              |                                                                            |                         | ,                                      |
| GARGNORE HOURS 16-19 MONUMENT FOREST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 222                                               |                                                                            |                         |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ords                                              |                                                                            |                         |                                        |
| Lowron EC3R 8NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 200,000                                           |                                                                            |                         |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 197 PREFS                                         |                                                                            |                         |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SPIPI                                             |                                                                            |                         | ······································ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                                                            |                         |                                        |
| *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2 NO REPS                                         |                                                                            |                         |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , e                                               |                                                                            |                         |                                        |
| GALAMORE 1990 FUND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 935F0                                             |                                                                            |                         |                                        |
| GARGMONE HOUSE 16-18 MONNIEWS FREEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ORX                                               |                                                                            |                         |                                        |
| LONDON EZZK FAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                                                            |                         |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                                                            |                         |                                        |
| GIL NOMINGES LIMITED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 22/04                                             |                                                                            |                         | ;                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 22684                                             |                                                                            |                         |                                        |
| CHATHORE HOURS 16-19 MONOMENT STREET.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OLX                                               | · · · · · · · · · · · · · · · · · · ·                                      | ``                      |                                        |
| Lowbon Ez 32 PPQ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   | ·                                                                          |                         |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                                                            |                         | •                                      |
| Trumppe.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 63,960                                            |                                                                            |                         |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                                                            |                         |                                        |
| 4 FLAYLEIGHLANC SHERRED 5103RF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OLIS                                              |                                                                            |                         |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                 |                                                                            |                         |                                        |
| MRS V.R. MAYALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 63,000                                            |                                                                            |                         | · ·                                    |
| 4 SLAPLEGHLANE SHELLED SIO ELC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | orx                                               | : · ·                                                                      |                         |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                                                            |                         |                                        |
| MG. MARGEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Plep                                              |                                                                            |                         |                                        |
| On a Serroa Holuma Roma Hoveron                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | olds                                              |                                                                            |                         | · .                                    |
| Howard workar NR1285H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                   | . ,                                                                        |                         | • ; ·                                  |
| 1415                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | <u>.</u>                                                                   |                         | 93 24                                  |
| L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •                                                 | • •                                                                        |                         |                                        |

LIST OF PAST AND PRESENT MEMBERS

SCHEDULE TO FORM 363

| Company Number: 00720454                                        |                      |                                | ount of Share                         | S S         |
|-----------------------------------------------------------------|----------------------|--------------------------------|---------------------------------------|-------------|
|                                                                 | Number of            |                                | hares transferred of the last return, |             |
| Company Name:                                                   | shares or            | ŀ                              | of the first return,                  | (5)         |
| DEW PITCHMASTIC PLC                                             | amount of stock held | since the incorporation of the |                                       |             |
|                                                                 | by existing          | company, by<br>(a) persons w   | ho are still                          |             |
|                                                                 | members at           | members, a                     |                                       |             |
|                                                                 | date of this return. | (b) persons w                  |                                       |             |
|                                                                 | Number               | ceased to t                    | e members.                            |             |
| Name and address                                                | Currently            | Number                         | Date of Registration                  | Remarks     |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                         | Held                 | Number<br>Transferred          | of Transfer                           | Remarks     |
|                                                                 | Tielu                |                                | 0. 114.10.01                          |             |
| MRS SE. Marce                                                   | 1150                 | '                              |                                       |             |
| 271,6000 000000000000000000000000000000000                      | 0110                 |                                |                                       |             |
| MLS SE, MOURIL 32 WRSTSON GARDENS GALING.                       | OLIS                 |                                |                                       | * ·         |
| Landon W5 3RV                                                   |                      |                                | ,                                     |             |
|                                                                 |                      |                                | -                                     |             |
|                                                                 |                      |                                |                                       |             |
| P.C.MICHEL<br>32 WESTERN RAPAGUS EMINZ                          | 1150                 |                                | ·                                     |             |
| 20 1. 10 - 10                                                   |                      | #                              |                                       |             |
| 32 WESTERN RAPABUTS EALING                                      | olds                 |                                |                                       | 1           |
| LONDON WS 3RV                                                   | ļ                    |                                |                                       |             |
|                                                                 |                      |                                | - 1                                   | <u> </u>    |
|                                                                 |                      |                                |                                       |             |
| Withings                                                        | 12055                |                                |                                       |             |
|                                                                 |                      |                                |                                       |             |
| WCFMODEC<br>3 BGNGNICT ROAD HORNING<br>NORWICH NORFORK NR12 FRY | OFTE                 |                                |                                       |             |
| MOLITER MOCCO & MAIN CO.                                        |                      |                                |                                       |             |
| NORFELL NRID FILL                                               |                      |                                |                                       |             |
|                                                                 |                      |                                |                                       |             |
| WRS ME MODE                                                     | <b>"</b> (C) C       |                                |                                       |             |
| MG MZ MOOLE                                                     | 4579                 |                                |                                       |             |
| 3 blandon of LOAD HORNING                                       | ORDS                 |                                |                                       |             |
| Note: - And to do                                               |                      |                                |                                       |             |
| NOLLTON MORFORK NR 12 PPH.                                      |                      |                                |                                       | <u> </u>    |
|                                                                 |                      |                                |                                       |             |
| MITTER                                                          |                      |                                |                                       |             |
| WIMOORE                                                         | 2150                 |                                |                                       |             |
| LANGUOUS MOSSE LANGUOLALANE                                     | OLAS                 |                                |                                       |             |
| ·-                                                              |                      |                                |                                       |             |
| BOLINHAM ROAD, OVERELL WELLER                                   |                      |                                |                                       |             |
| Cambs PEI4 85E                                                  |                      |                                | ļ                                     |             |
|                                                                 |                      |                                |                                       |             |
|                                                                 |                      |                                |                                       |             |
| MLS LJ. MOSRE                                                   | 2150                 |                                |                                       | İ           |
| •                                                               |                      |                                |                                       |             |
| LANGHORN HOURS LANGHORN LANE                                    | 040                  |                                |                                       |             |
| DOWNHAM ROTTO OWNER WISHERY                                     |                      |                                |                                       |             |
|                                                                 |                      |                                |                                       |             |
| CAMBS PEIL ESE.                                                 |                      |                                |                                       |             |
| ·                                                               |                      |                                |                                       | <del></del> |

LIST OF PAST AND PRESENT MEMBERS (continued) **SCHEDULE TO FORM 363** Account of Shares Company Number: 00720454 Particulars of shares transferred Number of since the date of the last return, shares or Company Name: or, in the case of the first return, amount of DEW PITCHMASTIC PLC since the incorporation of the stock held company, by by existing (a) persons who are still members at members, and date of this (b) persons who have return. ceased to be members. Number Date of Number Name and address Currently Registration Remarks Transferred of Transfer Held WBSPERS 400 OLIS MED'A WARTON 6400 OLDS

### P ST J DALY - DIRECTORSHIPS

PITCHMASTIC PLC

GRAYSON MOORE DEVELOPMENTS LIMITED

PITCHMASTIC CONTRACTING LIMITED

**DOUGLAS & GAVIN LIMITED** 

DALE HOMES (YORKSHIRE) LIMITED

PAPTRIM PRODUCTS LIMITED

PINELOG LIMITED

PINELODGE HOLIDAYS LIMITED

LEISURELAND FROM PINELOG LIMITED

**DEW PITCHMASTIC PLC** 

**DEW HOLDINGS PLC** 

**DEW GROUP LIMITED** 

DIRECTORSHIPS RESIGNED WITHIN PRECEDING 5 YEARS

DALE RESIDENTIAL MANAGEMENT LIMITED (OCTOBER 1996)

LIMITED

### JH GRAYSON - DIRECTORSHIPS

DEW PITCHMASTIC PLC PITCHMASTIC PLC GRAYSON MOORE DEVELOPMENTS LIMITED PITCHMASTIC CONTRACTING LIMITED DOUGLAS & GAVIN LIMITED PAPTRIM PRODUCTS LIMITED PINELODGE LIMITED DALE HOMES (YORKSHIRE) LIMITED GRAYSON MOORE MANAGEMENT SERVICES LTD PORTER & HAYLETT LIMITED CONNOISSEUR CRUISERS LIMITED CONTINENTAL HOLIDAY CRUISERS LIMITED **EUROCRUISE LIMITED** PINELOG LIMITED PINELOG RENTALS LIMITED PINELODGE HOLIDAYS LIMITED DEW GROUP LIMITED **DEW HOLDINGS PLC** LEISURELAND FROM PINELOG LIMITED DEW PITCHMASTIC DEVELOPMENTS LIMITED S & J WHITEHEAD LIMITED SERF LIMITED DEW REFURBISHMENT LIMITED GEORGE DEW INTERNATIONAL LIMITED GEORGE DEW INTERNATIONAL (DUBAI) PRIVATE

01/04/96

### JL MAYALL - DIRECTORSHIPS

PITCHMASTIC PLC

PITCHMASTIC CONTRACTING LIMITD

DOUGLAS GAVIN LIMITED

PAPTRIM PRODUCTS LIMITED

DALE HOMES (YORKSHIRE) LIMITED

**DEW PITCHMASTIC PLC** 

GEORGE DEW INTERNATIONAL LIMITED

GEORGE DEW INTERNATIONAL (DUBAI) PRIVATE LIMITD

## DIRECTORSHIPS RESIGNED DURING THE PRECEDING 5 YEARS

FeRFA LIMITED

BRIDGE DECK WATERPROOFING ASSOCIATION LIMITED

CO.NO. 00720454

### W C F MOORE - DIRECTORSHIPS

DEW PITCHMASTIC PLC
PITCHMASTIC PLC
GRAYSON MOORE DEVELOPMENTS LIMITED
PITCHMASTIC CONTRACTING LIMITED
DOUGLAS & GAVIN LIMITED
PAPTRIM PRODUCTS LIMITED
PINELODGE LIMITED
DALE HOMES (YORKSHIRE) LIMITED
PORTER & HAYLETT LIMITED
CONNOISSEUR CRUISERS LIMITED
CONTINENTAL HOLIDAY CRUISERS LIMITED
EUROCRUISE LIMITED
PINELOG LIMITED

# DIRECTORSHIPS RESIGNED DURING THE FIVE PRECEDING YEARS

EXPOTECHNIK CONTRACTS (LITTLE GADDESDEN) LIMITED (Formerly Clarke Soschinski Limited)

Co.No. 00720454

08/05/97

### ER WILSON - DIRECTORSHIPS

DEW PITCHMASTIC PLC
DEW HOLDINGS PLC
DEW GROUP LIMITED

S & J WHITEHEAD LIMITED

SERF LIMITED

DEW REFURBISHMENT LIMITED
GEORGE DEW INTERNATIONAL LIMITED

MODEMILL LIMITED

St JOHN'S TERRACE MANAGEMENT LIMITED

AIRBANK DEVELOPMENTS LIMITED

AIRBANK PREMIER DEVELOPMENTS LIMITED

DEW PITCHMASTIC DEVELOPMENTS LIMITED

# DIRECTORSHIPS RESIGNED DURING THE PRECEDING 5 YEARS

MOWLEM REGIONAL CONSTRUCTION LIMITED

MOWLEM (MIDLANDS) LIMITED

McTAY CONSTRUCTION LIMITED

McTAY LIMITED

McTAY ENGINEERING & CONSTRUCTION LIMITED

NORWEST HOLST CONSTRUCTION LIMITED