

00 9709/90 **363a**

*Please complete in typescript,  
or in bold black capitals.*

## Annual Return

CHFP010

**Company Number**

1142361

**Company Name in full**

BLUE ARROW NURSING CARE LIMITED

### Date of this return

The information in this return is made up to

Day Month Year

3 0 0 9 2 0 0 4

### Date of next return

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.

Day Month Year

0 0 0 0 0 0 0 0

### Registered Office

Show here the address at the date of this return.

800 THE BOULEVARD, CAPABILITY GREEN

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

Post town

LUTON

County / Region

BEDFORDSHIRE

UK Postcode

LU1 3BA

### Principal business activities

Show trade classification code number(s) for the principal activity or activities.

8511

8514

7450

7487

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

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

**Companies House, Crown Way, Cardiff, CF14 3UZ**

**DX 33050 Cardiff**

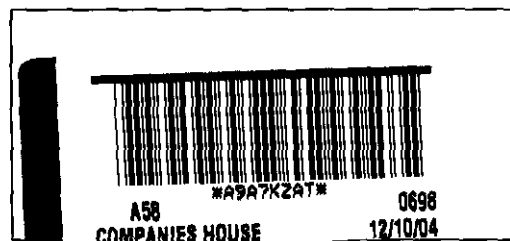
for companies registered in England and Wales

or

**Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB**

**DX 235 Edinburgh**

for companies registered in Scotland



**Register of members**

If the register of members is not kept at the registered office, state here where it is kept.

20 BLACK FRIARS LANE

Post town LONDON

County / Region UK Postcode EC4V 6HD

**Register of Debenture holders**

If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state where it is kept.

Post town

County / Region UK Postcode

**Company type**

Public limited company

Private company limited by shares

Private company limited by guarantee without share capital

Private company limited by shares exempt under section 30

Private company limited by guarantee exempt under section 30

Private unlimited company with share capital

Private unlimited company without share capital

☐☒☐☐☐☐☐

Please tick the appropriate box

**Company Secretary**

(Please photocopy this area to provide details of joint secretaries).

\* Voluntary details.

Name

\* Style / Title

Forename(s)

REBECCA JANE

Surname

WATSON

Address

46 WILTON AVENUE, CHISWICK

If a partnership give the names and addresses of the partners or the name of the partnership and office address.

**Usual residential address** must be given. In the case of a corporation, give the registered or principal office address.

Post town LONDON

County / Region UK Postcode W4 2HY

Country

BLUEPRINT

OneWorld

**Directors***Please list directors in alphabetical order.***Details of new directors must be notified on form 288a**

**Directors** In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.

**Name****\* Style / Title**

Day Month Year

Date of birth

0 8 0 5 1 9 6 4

Forename(s)

ANDREW

Surname

BURCHALL

**Address**

MELLINGS, HIGH STREET, DEBDEN

**Usual residential address** must be given. In the case of a corporation, give the registered or principal office address.

Post town

SAFFRON WALDEN

County / Region

ESSEX

UK Postcode

CB11 3LE

Country

**Nationality**

BRITISH

**Business occupation**

FINANCE DIRECTOR

\* Voluntary details.

**Name****\* Style / Title**

MR

Day Month Year

Date of birth

0 1 0 7 1 9 6 5

Forename(s)

DESMOND MARK CHRISTOPHER

Surname

DOYLE

**Address**

WOODLAWN HOUSE, ARROW LANE, HARTLEY WINTNEY

**Usual residential address** must be given. In the case of a corporation, give the registered or principal office address.

Post town

HOOK

County / Region

HAMPSHIRE

UK Postcode

RG27 8LR

Country

**Nationality**

BRITISH

**Business occupation**

DIRECTOR

**Directors***Please list directors in alphabetical order.***Details of new directors must be notified on form 288a**

**Directors** In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.

<b>Name</b>	<b>* Style / Title</b>	MR	
		Day	Month
		Year	
Date of birth		0	2
		1	0
		1	9
		6	2
Forename(s)	NIGEL PHILIP		
Surname	MARSH		
<b>Address</b>	3 CROSSPATHS		
Post town	HARPENDEN		
County / Region	HERTFORDSHIRE	UK Postcode	AL5 3HB
Country		Nationality	BRITISH/AUSTRALIAN
<b>Business occupation</b>	COMPANY DIRECTOR		

\* Voluntary details.

<b>Name</b>	<b>* Style / Title</b>		
		Day	Month
		Year	
Date of birth		2	6
		0	1
		1	9
		6	1
Forename(s)	WAYNE		
Surname	STORY		
<b>Address</b>	BEECH COTTAGE , BOTLEY ROAD		
Post town	SOUTHAMPTON		
County / Region	HAMPSHIRE	UK Postcode	SO32 2JG
Country		Nationality	BRITISH
<b>Business occupation</b>	UK OPERATIONS DIRECTOR		

**Directors***Please list directors in alphabetical order.***Details of new directors must be notified on form 288a**

<b>Name</b>	<b>* Style / Title</b>		
		Day	Month
		Year	
<b>Directors</b> In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.	Date of birth	2	2
		0	4
		1	9
		6	9
	Forename(s)	REBECCA JANE	
	Surname	WATSON	
<b>Address</b>	46 WILTON AVENUE, CHISWICK		
<b>Usual residential address</b> must be given. In the case of a corporation, give the registered or principal office address.			
	Post town	LONDON	
	County / Region	UK Postcode	W4 2HY
	Country	Nationality	BRITISH
<b>Business occupation</b>	SOLICITOR		

\* Voluntary details.

<b>Name</b>	<b>* Style / Title</b>		
		Day	Month
		Year	
<b>Directors</b> In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.	Date of birth		
	Forename(s)		
	Surname		
<b>Address</b>			
<b>Usual residential address</b> must be given. In the case of a corporation, give the registered or principal office address.			
	Post town		
	County / Region	UK Postcode	
	Country	Nationality	
<b>Business occupation</b>			

**Issued share capital**

Enter details of all the shares in issue at the date of this return.

	<b>Class</b> (e.g. Ordinary/Preference)	<b>Number of shares issued</b>	<b>Aggregate Nominal Value</b> (i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)
See attached schedule			
	<b>Totals</b>		

**List of past and present shareholders**

(use attached schedule where appropriate)

A full list is required if one was not included with either of the last two returns.

There were no changes in the period

☒

on paper

in another format

A list of changes is enclosed

☐☐

A full list of shareholders is enclosed

☒☐**Certificate**

I certify that the information given in this return is true to the best of my knowledge and belief.

**Signed**

**Date**

5/10/04

† Please delete as appropriate.

† a director/secretary

When you have signed the return send it with the fee to the Registrar of Companies.

Cheques should be made payable to Companies House.

This return includes

4

continuation sheets.

(enter number)

Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

REF: 20356/20852, MAYER, BROWN, ROWE &amp; MAW LLP,

11 PILGRIM STREET, LONDON, EC4V 6RW

Tel

BLUEPRINT

OneWorld

DX number LDE 93

DX exchange CHANCERY LANE

Issued share capital

Schedule to form 363a

CHFP010

Company Number

1142361

Company Name in full

BLUE ARROW NURSING CARE LIMITED

Currency

Pounds Sterling

Issued share capital	Class	Number of shares	Aggregate Nominal
Enter details of all the shares in issue at the date of this return.	(e.g. Ordinary/Preference)	issued	Value
			(i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)
Deferred		30	£30.00
Totals		30	30.00

*OneWorld*

**Issued share capital**  
**Schedule to form 363a**

CHFP010

**Company Number** | 1142361

**Company Name in full** | BLUE ARROW NURSING CARE LIMITED

**Currency** | US Dollar

**Issued share capital**

Enter details of all the shares in issue at the date of this return.

**Class**  
(e.g. Ordinary/Preference)

**Number of shares  
issued**

**Aggregate Nominal Value**

(i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)

Ordinary	30	US\$30.00
<b>Totals</b>	30	30.00



# List of past and present shareholders Schedule to form 363a

CHFP010

Company Number | 1142361

Company Name in full | BLUE ARROW NURSING CARE LIMITED

- Changes to shareholders particulars or details of the amount of stock or shares transferred must be completed each year
- You must provide a "full list" of all the company shareholders on:
  - The company's first annual return following the incorporation;
  - Every third annual return after a full list has been provided
- List the company shareholders in alphabetical order or provide an index
- List joint shareholders consecutively

Shareholders' details	Shares or amount of stock transferred (if appropriate)		
	Class and number of shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer
Name ADG GROUP LIMITED  Address 800 THE BOULEVARD, CAPABILITY GREEN, LUTON, BEDFORDSHIRE  UK postcode   LUL 3BA	£1.00 Deferred          Shares Held 30		
Name   Address       UK postcode			
Name   Address       UK postcode			

## List of past and present shareholders Schedule to form 363a

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Company Number 1142361

Company Name in full BLUE ARROW NURSING CARE LIMITED

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  - The company's first annual return following the incorporation;
  - Every third annual return after a full list has been provided
- List the company shareholders in alphabetical order or provide an index
- List joint shareholders consecutively

Shareholders' details	Shares or amount of stock transferred (if appropriate)		
	Class and number of shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer
Name BEARER  Address   UK postcode	US\$1.00 Ordinary   Shares Held 30		
Name  Address   UK postcode			
Name  Address   UK postcode			