

# 018934/30 363a

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or in b	old black	capit	als.

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CHFP010

Company Number | 1359619

Company Name in full

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The information in this return is made up

,	Day Month		
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#### 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	

TREATMENT CENTRE, CROMPTON ROAD

#### Registered Office

Show here the address at the date of this return.

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

Post town

ILKESTON

County / Region

DERBYSHIRE

**UK Postcode** DE7 4BG

### Principal business activities

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

6024	9305
	1

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

for companies registered in England and Wales

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

DX 33050 Cardiff

Register of members		20 BLACK FRIARS LANE	
If the register of members			
the registered office, state kept.	nere where it is		
кері.	Post town	LONDON	
	County / Bosian	LIV Postando I	
	County / Region	UK Postcode EC4V 6HD	
Register of Debentur If there is a register of debe or a duplicate of any such of it, which is not kept at th office, state where it is kep	enture holders, register or part e registered t.		
	Post town		
	County / Region	UK Postcode	
Company type			
Public limited company			
Private company limited by	shares	X	
Private company limited by without share capital	/ guarantee		
Private company limited by	shares	> Please tick the appropriate box	
exempt under section 30  Private company limited by	v guarantee		
exempt under section 30			
Private unlimited company capital	with share		
Private unlimited company	without share		
capital			
<b>Company Secretary</b>		Details of a new company secretary must be notified on form 288a.	
(Please photocopy this area to provide details of joint	* Style / Title	Mr	
secretaries).	Forename(s)	PETER KARL	
* Voluntary details.  If a partnership give	Surname	MEISTER	
the names and addresses of the			
partners or the name Address of the partnership	<b>i</b>	10 MILTON COURT, MILTON MALSOR	
and office address.			
Usual residential address must be	Post town	NORTHAMPTON	
given. In the case of a corporation,	County / Region	NORTHAMPTONSHIRE UK Postcode NN7 3AX	
give the registered	Country		
or principal office address.	Country		
DILLEDDING			
BLUEPRINT OneWorld			

DIRECTORS Please list directors in alphabetical order.		Details of new directors must be	notified on form 288a
	ame * Style / Title	MR	
<b>Directors</b> In the case of a director that is a corporate or a Scottish firm, the name is the	Date of birth	Day         Month         Year           0         3         0         6         1         9         6         7	
	Forename(s)	NIGEL	
corporate or firm name.	Surname	BOWEN	
A	ddress	HOMEFIELD, WIRKSWORTH RO	AD
Usual residential address must be			
given. In the case of a corporation,	Post town	WHATSTANDWELL	
give the registered or principal office	County / Region	DERBYSHIRE	UK Postcode L DE4 5HS
address.	Country		Nationality BRITISH
	Business occupation	WASTE MANAGEMENT	
* Voluntary details.			
N	ame * Style / Title	MR	
<b>Directors</b> In the case of a director that is a corporate	Date of birth	Day         Month         Year           2         8         1         1         1         9         7         1	
or a Scottish firm, the name is the	Forename(s)	STEPHEN ROBERT	
corporate or firm name.	Surname	COMPER	
Address		49 STATHAM STREET	
Usual residential address must be		L	
given. In the case of a corporation,	Post town	DERBY	
give the registered or principal office address.	County / Region	DERBYSHIRE	UK Postcode DE22 1HR
audiess.	Country		Nationality BRITISH
	Business occupation	MANAGER	



Directors Please list directors in alpha	abetical order.	Details of new directors must be	e notified on form 288a
Nam		MR `	
Directors In the case of a director	Date of birth	Day         Month         Year           0         8         1         1         1         9         6         6	
that is a corporate or a Scottish firm, the name is the	Forename(s)	ANDREW MARK	
corporate or firm name.	Surname	ELLIOTT	
Add	ress	59 RACKFORD ROAD, NORTH	ANSTON
Usual residential address must be given. In the case			
of a corporation,	Post town	SHEFFIELD	
give the registered or principal office	County / Region	SOUTH YORKS	UK Postcode S25 4DE
address.	Country	ENGLAND	Nationality British
Ви	siness occupation	Company Director	
* Voluntary details.	10 * C4v/o / Titlo	1	
	* Style / Title	Day Month Year	
Directors In the case of a director that is a corporate	Date of birth	12.410.211.9.4.2	
or a Scottish firm, the name is the	Forename(s)	MICHAEL ROGER	
corporate or firm name.	Surname	HEWITT	
Add	ress	OLD STOCKS, VALLEY ROAD,	HUGHENDEN VALLEY
Usual residential address must be			
given. In the case of a corporation,	Post town	HIGH WYCOMBE	
give the registered or principal office	County / Region	BUCKS	UK Postcode HP14 4PF
address.	Country		Nationality BRITISH
Ви	siness occupation	CONSULTANT	



<b>∂irectors</b> Pleàse list directors in a	lphabetical order.	Details of new directors must be	e notified on form 288a
N	ame * Style / Title	Mr	
Directors In the case of a director that is a corporate	Date of birth	Day         Month         Year           0         5         1         1         1         9         6         4	
or a Scottish firm, the name is the	Forename(s)	PETER KARL	
corporate or firm name.	Surname	MEISTER	
A	ddress	10 MILTON COURT, MILTON	MALSOR
Usual residential address must be			
given. In the case of a corporation,	Post town	NORTHAMPTON	
give the registered or principal office	County / Region	NORTHAMPTONSHIRE	UK Postcode NN7 3AX
address.	Country		Nationality BRITISH
	Business occupation	MANAGEMENT ACCOUNTANT	
* Voluntary details.			
N	ame * Style / Title	MR	
<b>Directors</b> In the case of a director that is a corporate	Date of birth	Day         Month         Year           2         9         0         6         1         9         7         0	
or a Scottish firm, the name is the	Forename(s)	DAVID	
corporate or firm name.	Surname	UNSWORTH	
A	ddress	10 MAIN ROAD, WHATSTANDW	ELL
Usual residential address must be			
given. In the case of a corporation,	Post town	MATLOCK	
give the registered or principal office	County / Region	DERBYSHIRE	UK Postcode DE4 5HE
address.	Country		Nationality BRITISH
	Business occupation	TECH SALES MANAGER	



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

		Schedule to form 303a
CHFP010	<b>Company Number</b>	1359619
	Company Name in full	CASTLE WASTE SERVICES 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

	•	•		
	Shares or amount of stock transferred (if appropriate)			
Shareholders' details	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 CASTLE ENVIRONMENTAL LIMITED	£1.00 ORDINARY			
Address TREATMENT CENTRE, CROMPTON ROAD, ILKESTON, DERBYSHIRE				
	Shares Held			
UK postcode DE7 4BG	100			
Name				
Address				
UK postcode				
Name			E.	
Address				
UK postcode				

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		100	£100.00		
	Totals	100	100.00		
List of past and present shareh	nolders	<u></u>	1		
(use attached schedule where appropriate) A full list is required if one was not included with either of the last two	There were no change	s in the period X on pape	er in another format		
returns.	A list of changes is end	closed			
	A full list of shareholde	ers is enclosed X			
	I certify that the inform	nation given in this return i	is true to the best of my		
Certificate	knowledge and belief.	<del></del>			
Sigr	ned (1)	Dat	e 4-7-06		
† Please delete as appropriate.	† a director / secretary				
When you have signed the return send with the fee to the Registrar of Companies.	it This return in		continuation sheets.		
Cheques should be made payable to Companies House.		(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.		2, MAYER, BROWN, RO	WE & MAW LLP,		
	s 11 PILGRIM STRE	11 PILGRIM STREET, LONDON, EC4V 6RW			
	<u> </u>	Tel [			
BILIFPRINT	DX number   LDE 93	DX exchange   CH	ANCERY LANE		

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