

Company Name in full

r change

WORKSHOP LIMITED

Please complete in typescript, or in bold black capitals. CHFP000	(NOT for appointment (use Form 288a) of particulars (use Form 288c))			
Company Number	1467092			

GAMES

Resignation form	Date	e of resignation	Day	Month	Year		
	Resigna	ation as director	X		as secretary		ark the appropriate box. If resignation ector and secretary mark both boxes.
	NAME	*Style / Title	ma	_ 		*Honours etc	
Please insert details as previously		Forename(s)	STEE	246~	AUSON		
notified to Companies House.	Surname	905	ષ્કલ્લ		**************************************		
Companies rious	€.		Day	Month	Year		
		†Date of Birth	28	03	1950		
If cessa	tion is oth	er than		_		<u>.</u>	

A serving director, secretary etc must sign the form below.

* Voluntary details.

† Directors only.
** Delete as appropriate

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.

resignation, please state reason



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0689 30/11/99	

SE LODEROOME,	Games	Worsing
WILLOW ROAD,	LENON,	NOTTINGHAM
N97 2WS	Tel OILS	916-8105.
DX number	DX exchan	ge

(** serving director / secretary / administrator / administrative receiver / receiver manager / receiver)

Date

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

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX 235 Edinburgh for companies registered in Scotland