

Please complete in typescript, or in bold black capitals.

Annual Return

| C | Н | F | P | O | 2 | g |
|---|---|---|---|---|---|---|

Company Number

| Company | Name | in | full |
|---------|------|----|------|

International Cigarette Consultants (Ivory Coast) Limited

833 037 E630 X42 MB

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

Day Month Year 19 0 9 | 9 | 9

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.

Month Year 0 0 10 10

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

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

Post town

County / Region

Postcode

AYLESBURY

BUCKS

1528279

HP21 8SZ

OXFORD ROAD

Principal business activities

(See note 4)

Form

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

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

| 7499 | |
|------|--|
| | |
| | |



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

Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff or companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB or companies registered in Scotland DX 235 Edinburgh Page 1

| Register of me If the register of mer registered office, sta | mbers is n | ot kept at the | | | | | | |
|---|-------------------|-------------------|---------------------------------|--------------|----------|------------|-----------------|-------------------|
| | | Post town | | | | | | |
| | c | County / Region | | | | | Postcode | |
| | | | | | | | | |
| Register of D | ebentu | ıre holders | | | <u>-</u> | | | |
| If there is a register and it is not kept at t state here where it is | the registe | | | | | | | |
| | | Post town | | | | | | |
| | C | County / Region | | | | | Postcode | |
| Company typ | 10 (See no | nto 7) | | | | | | |
| | | ne v _j | | ٦ | | | | |
| Public limited company | / | | | | | | | |
| Private company limite | d by shares | s | × | | | | | |
| Private company limite share capital | d by guara | ntee without | | | | | | |
| Private company limite section 30 | d by shares | s exempt under | Please mark the appropriate box | | | | | |
| Private company limite under section 30 | d by guara | ntee exempt | | | | | | |
| Private unlimited comp | any with sh | nare capital | | | | | | |
| Private unlimited comp | any withou | t share capital | | | | | | |
| Company Sec | cretary | (see notes 1-5) | | f a new o | ompan | y secretar | y must be notif | ied on form 288a. |
| (Please photocopy this area to provide details of joint | Name | * Style / Title | MRS | | | | *Honours etc | |
| secretaries). | | Forename(s) | ANN ELIZ | ABETH | | | | |
| * Voluntary details. | | Surname | GRIFFITH | s | | <u></u> | | |
| · | Previo | us forename(s) | | | | | | |
| | Previo | ous surname(s) | | | | | <u> </u> | |
| | Address | | CLIFTON | JON | | | | |
| Usual residentia | al | | WITNEY F | ROAD | | | | |
| address must be given. In the case | of a | Post town | KINGSTO | N BAGPU | IZE | | | |
| corporation, give the registered or prince | ne | County / Region | OXFORDS | SHIRE | | | Postcode | OX13 5AN |
| office address. | | Country | ENGLAND |) | | | | |

| Directors (see | | | Details of new director | s must be notified or | n form | 288a | | |
|---|---------------|------------------|-------------------------|-----------------------|---------|---------|---------|----|
| Please list directo | • | | MR |] | | | | |
| | Name | * Style / Title | |] | Day | Month | Year | |
| | | * Honours etc | | Date of birth | 3 1 | 0 3 | 1 9 6 1 | |
| | | Forename(s) | PHILIP MICHAEL | | | | | |
| | | Surname | соок | | | | | |
| | Prev | ious forename(s) | | | | | | |
| | Pre | vious surname(s) | | | | | |] |
| | Address | | 25 TOWNSEND ROAD | | | | | |
| Usual resident | tial | | | | | | | |
| address must b given. In the case | e of a | Post town | HARPENDEN | | | | | ٦ |
| corporation, give registered or prin | the ncipal | County / Region | HERTS | Pos | stcode | AL5 4BG | | |
| office address. | | Country | ENGLAND | Natio | nality | BRITISH | | 7 |
| ı | Busines | s occupation | SOLICITOR | | | | | |
| (| Other di | rectorships | | | | | | |
| * Voluntary details. | | | | | | | | Ī |
| | | | L | | <u></u> | | | ٺ |
| | | | [<u>-</u> | 1 | | | | |
| 1 | Name | * Style / Title | MR | | Day | Month | Year | _ |
| | | * Honours etc | | Date of birth | 0 5 | 1 1 | 1 9 4 4 | _[|
| | | Forename(s) | MICHAEL LEE | | | | | _ |
| | | Surname | HENDERSHOT | | | | | |
| | Prev | ious forename(s) | | | | | | |
| | Pre | vious surname(s) | | | | | | |
| | Address | | MANSARD, DUNALLY PAR | RK | | | | 7 |
| Usual resident address must b | | | | | | | | Ī |
| given. In the case corporation, give | e of a | Post town | SHEPPERTON | | | | | ٦ |
| registered or prir office address. | | County / Region | MIDDLESEX | Pos | stcode | TW17 8L | J | Ī |
| | | Country | ENGLAND | Natio | nality | UNITED | STATES | j |
| J | Busines | s occupation | HEAD - GROUP TRADEMA | ARKS | | | | |
| (| Other di | rectorships | | | | | | ٦ |
| | | | | | | | | ٦ |

| Directors (see notes 1- | | Details of new director | s must be notified o | n form | 288a. | | | |
|---|--|---|----------------------|----------|--------------|-----|-----------------|------------------|
| Please list directors in a | • | MD | ו | | | | | |
| Name | * Style / Title | MR | | Day | Month | Y | 'ear | |
| | * Honours etc | | Date of birth | 0 8 | 0 8 | 1 | 9 6 | 6 0 |
| | Foreneme(s) | PATRICK MICHAEL | | | | | | |
| | Surname | HENEGHAN | | <u>.</u> | | | | |
| Pre | evious forename(s) | | | | | | | |
| | Previous surname | | | | | | | |
| Addres | ss | UNDERHILL HOUSE, BEE | CH COPSE | | | | | |
| Usual residential | | TEGDOWN | | | | | | |
| address must be given. In the case of a | Post town | WINCHESTER | | | | | | |
| corporation, give the registered or principal | County / Region | HAMPSHIRE | Pos | stcode | SO22 | 5NR | | |
| office address. | Country | ENGLAND | | | | | | |
| Nationa | ality | BRITISH | | | | | | |
| Busine | ss occupation | DIRECTOR EQUATORIAL AFRICA | | | | | | |
| Other of | lirectorships | | | | · | | | |
| | | | | | | | | |
| | | <u></u> | | | | | | |
| Name | * Style / Title | MR | | Day | Month | Y | 'ear | |
| Name | * Style / Title * Honours etc | MR | Date of birth | Day | Month | | 'ear 9 6 | 6 1 |
| Name | • | MR JOHN CHARLES | Date of birth | | - | | | 3 1 |
| Name | * Honours etc | | Date of birth | | - | | | 3 1 |
| | * Honours etc Forename(s) | JOHN CHARLES | Date of birth | | - | | | 3 1 |
| Pre | * Honours etc Forename(s) Surname | JOHN CHARLES | Date of birth | | - | | | 3 1 |
| Pre | * Honours etc Forename(s) Surname evious forename(s) Previous surname | JOHN CHARLES | Date of birth | | - | | | 3 1 |
| Pre Addres | * Honours etc Forename(s) Surname evious forename(s) Previous surname | JOHN CHARLES PATEY | Date of birth | | - | | | 3 1 |
| Addres Usual residential address must be | * Honours etc Forename(s) Surname evious forename(s) Previous surname | JOHN CHARLES PATEY | Date of birth | | - | | | 3 1 |
| Addres Usual residential address must be given. In the case of a corporation, give the | * Honours etc Forename(s) Surname evious forename(s) Previous surname | JOHN CHARLES PATEY 11 ARNOLD WAY | | | - | 1 | | 5 1 |
| Addres Usual residential address must be given. In the case of a | * Honours etc Forename(s) Surname evious forename(s) Previous surname ss | JOHN CHARLES PATEY 11 ARNOLD WAY THAME | | 1 1 | 1 2 | 1 | | 5 1 |
| Addres Usual residential address must be given. In the case of a corporation, give the registered or principal | * Honours etc Forename(s) Surname evious forename(s) Previous surname es Post town County / Region Country | JOHN CHARLES PATEY 11 ARNOLD WAY THAME OXON | | 1 1 | 1 2 | 1 | | 3 1 |
| Addres Usual residential address must be given. In the case of a corporation, give the registered or principal office address. National | * Honours etc Forename(s) Surname evious forename(s) Previous surname es Post town County / Region Country | JOHN CHARLES PATEY 11 ARNOLD WAY THAME OXON ENGLAND | | 1 1 | 1 2 | 1 | | 5 1 |
| Address Usual residential address must be given. In the case of a corporation, give the registered or principal office address. National Busine | * Honours etc Forename(s) Surname evious forename(s) Previous surname ss Post town County / Region Country | JOHN CHARLES PATEY 11 ARNOLD WAY THAME OXON ENGLAND BRITISH | | 1 1 | 1 2 | 1 | | 6 1 |

| Directors (see notes | | Details of new directors | must be notified or | ı form | 288a. | | |
|---|----------------------|---------------------------------|---------------------|-------------|---------|--------------|-----|
| Please list directors in | • | MR | | | | | |
| Nam | e * Style / Title | IVIX | | Day | Month | Year | |
| | * Honours etc | | Date of birth | 3 0 | 0 5 | 1 9 | 5 5 |
| | Foreneme(s) | DONALD NEIL FRED | | | | | |
| | Surname | SALTER | | | | | |
| | Previous forename(s) | | | | | | |
| | Previous surname | | | | | | |
| Add | ress | 3 QUINCE DRIVE, BISLEY | | | | | |
| Usual residential | | | | | | | |
| address must be given. In the case of | a Post town | WOKING | | | | | |
| corporation, give the registered or principa | County / Region | SURREY | Pos | tcode | GU24 9I | रा | |
| office address. | Country | ENGLAND | | | | | |
| Natio | onality | BRITISH | | | | | |
| Busi | ness occupation | ACCOUNTANT | | | | | |
| Othe | er directorships | | | | | | |
| | | | | | | - | |
| | | L | | | | | |
| Nam | e * Style / Title | | | Day | Month | Year | |
| | * Honours etc | | Date of birth | | 1 | | |
| | Forename(s) | | | | | | |
| | Surname | | | | | | |
| | Previous forename(s) | | | | | | |
| | Previous surname | | | | | | - |
| Add | ress | | | · <u>—</u> | | | |
| | | | | | | | |
| Usual residential address must be | Post town | | | | | | |
| given. In the case of a corporation, give the | a County / Donien | | Pos | tcode | | | |
| registered or principa office address. | | | | .0000 | | | |
| No.41. | Country | | | | | | |
| | onality | | | | | | |
| | ness occupation | | | | | | |
| Othe | er directorships | | | | | | |
| * Voluntary details. | | | | | | | |

| Issued share capital (see note 9) 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) | | | | |
|---|--|---|--|--|--|--|--|
| | ORD £1 | 5,000 | £ 5,000.00 | | | | |
| | | | | | | | |
| | Totals | 5,000 | £ 5,000.00 | | | | |
| List of past and present members (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two | There were no changes | in the period X on paper | | | | | |
| returns. (see note 10) | A list of changes is encl | in another format | | | | | |
| | A full list of members is | enclosed | | | | | |
| Elective resolutions (Private companies only) (See note 11) | If at the date of this return an election is in force to dispense with annual general meetings, <i>mark this box</i> | | | | | | |
| | | rn an election is in force bunts in general meeting: | | | | | |
| Certificate | I certify that the informatiknowledge and belief. | tion given in this return is | s true to the best of my | | | | |
| Signed † Please delete as appropriate. | † a director/secretary | Date | 06/09/99 | | | | |
| 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 | s (enter number) | ntinuation sheets. | | | | |
| Please give the name, address, telephone number, and if available, | MRS A.E. GRIFFITHS, OXFORD R | OAD, AYLESBURY, BUCKS, HP21 8 | esz | | | | |
| a DX number and Exchange, for the person Companies House should | | | | | | | |
| contact if there is any query. | | Tel 01296-335000 | | | | | |
| | DX number | DX exchange | | | | | |