



Please complete in typescript, or in bold black capitals.

Annual Return

CHFP029

Company Number

1	735329
	133323

Company Name in ful	Com	panv	Name	in fu	ıll
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Tobacco Marketing Consultants Limited

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

Day	Month	rear	
2 9	0 8	1 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.

Day	Month	Year			
2 9	8 0	2 10 10	10		

OXFORD ROAD

HP21 8SZ

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			

Principal business activities

(See note 4)

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

ıed,	
vitv.	

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, CF4 3UZ DX 33050 Cardiff for companies registered in England and Wales

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

DX 235 Edinburgh

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	embers(See note 5)					
If the register of member registered office, state						
rogistorou omoo, otate	THOIC WHO! O IC IC KOPE.					
	Post town					
	County / Region		Postcode			
	, ,					
Register of De (See note 6)	benture holders					
If there is a register of						
and it is not kept at the state here where it is k						
	Post town					
	County / Region		Postcode			
Company type	(See note 7)					
Public limited company						
Private company limited	by shares	X				
Private company limited share capital	by guarantee without					
Private company limited is section 30	by shares exempt under	Please mark the appropriate box				
Private company limited lunder section 30	by guarantee exempt					
Private unlimited compar	ny with share capital					
Private unlimited compar	ny without share capital					
Company Secr	retary(see notes 1-5)	Details of a new compan	y secretary must be notif	ied on form 288a.		
uns area to provide	ame * Style / Title	MRS	*Honours etc			
details of joint secretaries).	Forename(s)	ANN ELIZABETH				
* Voluntary details.	Surname	GRIFFITHS				
voluntary details.	Previous forename(s)					
	Previous surname(s)					
Ad	ddress	CLIFTON JON				
Usual residential	,	WITNEY ROAD				
address must be given. In the case of		KINGSTON BAGPUIZE				
corporation, give the registered or principa		OXFORDSHIRE	Postcode	OX13 5AN		
office address.	Country	ENGLAND				

Directors (see			Details of new director	s must be notified on t	form	288a
Please list direc	_	phabetical order.	MR			
	Name	* Style / Title		<u>[</u>	Day	Month Year
		* Honours etc		Date of birth	3 1	0 3 1 9 6 1
		Forename(s)	PHILIP MICHAEL			
		Surname	соок			
	Prev	vious forename(s)				
	Pre	vious surname(s)				
	Address	i	25 TOWNSEND ROAD			-
Usual resider						
address must I given. In the cas	se of a	Post town	HARPENDEN			
corporation, give registered or pri office address.		County / Region	HERTS	Postc	ode	AL5 4BG
onice address.		Country	ENGLAND	Nation	ality	BRITISH
Business occupati		s occupation	SOLICITOR			
	Other di	rectorships				
* Voluntary details.						
				1		
	Name	* Style / Title	MR	[Оау	Month Year
		* Honours etc		Date of birth	5 5	1 1 1 9 4 4
		Forename(s)	MICHAEL LEE			
		Surname	HENDERSHOT			
	Prev	vious forename(s)				
	Pre	vious surname(s)				
	Address	:	MANSARD, DUNALLY PAR	RK		
<i>Usual residen</i> address must b						
given. In the cas corporation, give	se of a	Post town	SHEPPERTON			
registered or pri office address.		County / Region	MIDDLESEX	Posto	ode	TW17 8LJ
		Country	ENGLAND	Nationa	ality	UNITED STATES
	Busines	s occupation	HEAD - GROUP TRADEMA	ARK\$		
	Other di	rectorships				
		-				
			[

Directors (see notes 1-5) Please list directors in alphabetical order			Details of new directors must be notified on form 288a.				
	-		MR]			
	Name	* Style / Title]	Day	Month Year	
		* Honours etc		Date of birth	0 8	0 8 1 9 6 0	
		Foreneme(s)	PATRICK MICHAEL				
Surname Previous forename(s)			HENEGHAN				
	F	Previous surname					
	Address	S	UNDERHILL HOUSE, BEE	CH COPSE			
Usual residen	ntial		TEGDOWN				
address must be given. In the case	ре	Post town	WINCHESTER				
corporation, give registered or pri	e the	County / Region	HAMPSHIRE	Pos	stcode	SO22 5NR	
office address.		Country	ENGLAND				
	Nationality		BRITISH				
	Busines	s occupation	DIRECTOR EQUATORIAL AFRICA				
	Other di	irectorships					
	Name	* Style / Title	MR		Day	Month Year	
		* Honours etc		Date of birth	1 1	1 2 1 9 6 1	
		Forename(s)	JOHN CHARLES				
		Surname	PATEY				
	Prev	vious forename(s)					
	F	Previous surname					
	Address	5	11 ARNOLD WAY				
Usual resident address must be given. In the case	ре	Post town	THAME				
corporation, give	e the	County / Region	OXON	Pos	stcode	OX9 2QA	
office address.		Country	ENGLAND				
	Nationa	lity	BRITISH				
	Busines	s occupation	ACCOUNTANT				
		irectorships					
* Voluntary details							
Voluntary details.							

Directors (see			Details of new directo	rs must be notified o	n form	288a.	
Please list directe	=		MD	7			
1	Name	* Style / Title	MR		Day	Month	Year
		* Honours etc		Date of birth	3 0	0 5	1 9 5 5
		Foreneme(s)	DONALD NEIL FRED	-			
		Surname	SALTER				
	Prev	rious forename(s)					
	F	Previous surname					
,	Address	•	3 QUINCE DRIVE, BISLEY	·		··.	
Usual resident	tio!						
address must be given. In the case	е	Post town	WOKING				
corporation, give registered or prin	the	County / Region	SURREY	Pos	tcode	GU24 9F	₹Т
office address.	io.pai	Country	ENGLAND				
ı	National	ity	BRITISH				
E	Busines	s occupation	ACCOUNTANT				
	Other di	rectorships					
ı	Name	* Style / Title			Day	Month	Year
		* Honours etc		Date of birth			
		Forename(s)					
		Surname					
	Prev	vious forename(s)					
	F	Previous surname					
	Address	;					
Usual resident							
address must be given. In the case	e of a	Post town					
corporation, give registered or prin office address.		County / Region		Pos	tcode		
Office address.		Country					
ľ	National	ity					
E	Busines	s occupation					
C	Other di	rectorships					
* Voluntary details.							

Issued share capital (see note 9)	Class (e.g. Ordinary/Preference)	Number of shares issued	Aggregate Nominal Value
Enter details of all the shares in issue at the date of this return.			(i.e. Number of shares issued multiplied by nominal value per share)
	ORD £1	1,000	£ 1,000.00
	Totals	1,000	£ 1,000.00
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	
returns. (see note 10)		on paper	in another format
	A list of changes is enclo	osed	
	A full list of members is	enclosed	
Elective resolutions (Private companies only) (See note 11)	If at the date of this return	rn an election is in force annual general meeting	
		rn an election is in force ounts in general meetings	
Certificate	I certify that the informat knowledge and belief.	tion given in this return is	true to the best of my
Signed		Date	06/09/99
† 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	(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	SZ
a DX number and Exchange, for the person Companies House should			
contact if there is any query.		Tel 01296-335000	
	DX number	DX exchange	