

363a

1 Words 3 02 777 Please complete in typescript, Annual Return or in bold black capitals. CHFP010 **Company Number** 1742061 Company Name in full CASTLE OILS LIMITED Month Year Date of this return The information in this return is made up Date of next return Month Year 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. Registered Office TREATMENT CENTRE, CROMPTON ROAD\_ Show here the address at the date of this return. Any change of Post town ILKESTON registered office must be notified on form County / Region DERBYSHIRE 287. **UK Postcode** DE7 4BG Principal business activities 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.

A16 COMPANIES HOUSE 27/09/01

Vhen you have completed and signed the form please send it to the legistrar of Companies at:

ompanies House, Crown Way, Cardiff, CF14 3UZ r companies registered in England and Wales

DX 33050 Cardiff

Companies House 37 Castle Terrace Edinburgh EH1 2ER

Register of members If the register of members is not kept at			20 BLACK FRIARS LANE
the registered office kept.			
λ <del>ο</del> ρι.		Post town	LONDON
	С	ounty / 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.		nture holders, gister or part registered	
		Post town [	
	(	County / Region [	UK Postcode
Company type			
Public limited com	pany		
Private company I	imited by	shares	X
Private company I without share cap Private company I exempt under sec Private company exempt under sec Private unlimited capital Private unlimited capital	ital limited by ction 30 limited by ction 30 company	shares guarantee with share	Please tick the appropriate box
Company Sec	cretary		Details of a new company secretary must be notified on form 288a.
(Please photocopy this area to provide details of joint	Name	* Style / Title	Mr
secretaries).  * Voluntary details.		Forename(s)	PETER KARL
If a partnership give		Surname	MEISTER
the names and addresses of the partners or the name	Address	6	20 DAMSON DELL, LITTLE BILLING
of the partnership and office address.			<b> </b>
Usual resident		Post town	NORTHAMPTON
given. In the ca	ase	County / Region	
give the registe	red	Country	
or principal off address.	100	Country	



Directors Please list directors in alphabetical order.		Details of new directors must be no	otified on form 288a
Name * Style / Title		MR	
	-	Day Month Year	
Directors In the case of a director that is a corporate	Date of birth	0 8 1 1 1 9 6 6	
or a Scottish firm, the name is the	Forename(s)	ANDREW MARK	
corporate or firm name.	Surname	ELLIOTT	
Address		59 RACKFORD ROAD, NORTH ANS	STON
Usual residential address must be		Ĺ	
given. In the case of a corporation,	Post town	SHEFFIELD	
give the registered or principal office	County / Region	SOUTH YORKS	JK Postcode S25 4DE
address.	Country	ENGLAND	Nationality British
E	Business occupation	Company Director	
* Voluntary details.			
Na	ame * Style / Title	L	
Directors In the		Day Month Year	
case of a director that is a corporate	Date of birth	2 4 0 2 1 9 4 2	
or a Scottish firm, the name is the	Forename(s)	MICHAEL ROGER	
corporate or firm name.	Surname	HEWITT	
Address		OLD STOCKS, VALLEY ROAD,	HUGHENDEN VALLEY
Usual residential address must be		<u></u>	÷
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.	Countr	у [	Nationality BRITISH
	Business occupation	n CONSULTANT	



Directors Please list directors in alphabetical order.		Details of new directors must be notified on for	rm 288a
Name * Style / Title		1	
Directors In the case of a director	Date of birth	Day Month Year	
that is a corporate or a Scottish firm, the name is the	Forename(s)	HAROLD WARREN	
corporate or firm name.	Surname	HUGHES	
Address		7 BYATTS GROVE	
Usual residential address must be given. In the case	Dorddown		
of a corporation, give the registered	Post town	LONGTON	
or principal office address.	County / Region	STAFFORDSHIRE UK Postcode	
	Country	ENGLAND Nationality	BRITISH
E	Business occupation	DIRECTOR	
* Voluntary details.			
Na	ame * Style / Title	L— <del></del>	
<b>Directors</b> 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	
Address		20 DAMSON DELL, LITTLE BILLING	
Usual residential address must be			
given. In the case of a corporation,	Post town	NORTHAMPTON	
give the registered or principal office	County / Region	UK Postcoo	le NN3 9AJ
address.	Countr	y Nationali	ty BRITISH
	Business occupation	management accountant	



	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		162,408	£162,408.00				
			·				
	Totals						
	Totals	162,408	162,408.00				
List of past and present sharehouse attached schedule where appropriate) A full list is required if one was not included with either of the last two	nolders There were no chang	es in the period x on pap	er in another format				
eturns.	A list of changes is e	A list of changes is enclosed					
	A full list of sharehold	·	ــــا				
Certificate	I certify that the infor knowledge and belie	mation given in this return f.	is true to the best of my				
Certificate Sig	knowledge and belie						
	knowledge and belie	f.					
Sign	ned Mm  † a.director / secretary	f. Da					
t Please delete as appropriate.  When you have signed the return send with the fee to the Registrar of Compa Cheques should be made payable to Companies House.  Please give the name, address, telephone and, if available, a DX number	t a director / secretary  I it nies. This return  The return rand	includes  1 (enter number)  ROWE & MAW, 20 BLAC	te n/q/a) continuation sheets.				
† Please delete as appropriate.  When you have signed the return send with the fee to the Registrar of Compa Cheques should be made payable to Companies House.  Please give the name, address, teleph	t a director / secretary  I it nies. This return  The return rand	includes 1 (enter number)  ROWE & MAW, 20 BLAC	te n/q/a) continuation sheets.				



UK postcode

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

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CHFP010	Company Number	1	7420 <u>6</u> 1				
Company Name in full CASTLE				OILS LIMITED			
		L_					
<ul> <li>Changes to shareholders particulars or details of the amount of shares transferred must be completed each year</li> <li>You must provide a "full list" of all the company shareholders on</li> <li>The company's first annual return following the incorpo</li> <li>Every third annual return after a full list has been provided</li> <li>List the company shareholders in alphabetical order or provided</li> <li>List joint shareholders consecutively</li> </ul>				ders on: ncorporation; n provided			
					Shares or amount of stransferred (if appro		
	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	WASTE SERVICES LIMITED			£1.00 ORDINARY			
	NT CENTRE, CROMPTON ROAL N, DERBYSHIRE	<del>-</del> -					
UK posto	code   DE7 4BG		<del></del>	Shares Held 162,408			
Name							
Address							
UK posto	code [						
Name							
Address	· · · · · · · · · · · · · · · · · · ·						