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This form should be completed in black.



A17 RECEIPT DATE: 11/06/94

Company number Company name

## Appointment

(Turn over page for resignation and change of particulars).

Date of appointment Appointment of director Appointment of secretary

Name

\*Style/title

NOTES

Show the full forenames. NOT INITIALS if the director or secretary is a Corporation or Scottish firm, show the name on sumame line and registered or principal office on the usual residential address line.

Give previous forenames or surname

- except for a marned woman the name before marriage need not be given for names not used since the age of 18 or for at least 20 years.

  A pear or individual known by a title
- may state the title instead of or in addition to the forenames and surname

Forenames

Surname

\*Honours etc

Previous forenames

Previous surname

Usual residential address

Post town

County/region

Postcode

Date of birth<sup>†</sup>

Business occupation<sup>†</sup>

Other directorships<sup>†</sup>

# Other directorships.

Give the name of every company of which the person concerned is a curector or has been a divector at any time in the past 5 years. Exclude a company which either is, or at all times during the past 5 years when the payson was a director, was

- dormant
- a parent company which wholly owned the company making the return
- another wholly owned subsidiary of the same parent company.

Consent signature

<sup>†</sup>Directors only \*Voluntary details

Change of director or secretary or change of particulars.

CN 2240534 CERTIFIED ACCOUNTANTS INVESTMENT CO LTD

| Day Month Year                                                    |
|-------------------------------------------------------------------|
| DA 0 1 9 5 9 4                                                    |
| CD Please mark the appropriate box.                               |
| If appointment is as a director and secretary                     |
| CS mark both boxes.                                               |
|                                                                   |
| MICHAEL EDWARD                                                    |
| TUKE                                                              |
| 7420                                                              |
|                                                                   |
|                                                                   |
|                                                                   |
|                                                                   |
| AD 16 MONTEREY CLOSE                                              |
|                                                                   |
|                                                                   |
| BEXLEY                                                            |
| KENT                                                              |
|                                                                   |
| DAS 2BX Country U.K.                                              |
| DO 2,9 0,5 3,8 Nationality NA BRITISH                             |
| OC GROW SERVICES DIRECTOR, WBS                                    |
| PLEASE SEE LIST ATTACHED.                                         |
| THEASE SEE CIST ATMENTED.                                         |
|                                                                   |
|                                                                   |
| I consent to act as director/secretary of the above-named company |
|                                                                   |
| Signed M July 12/9/94                                             |
| Signed Date Date                                                  |

A serving director etc must also sign the form overleaf.

| (This includes any form of ceasing to hold office e.g. death or removal from office). | Resignation etc, as director  Resignation etc, as secretary  Forenames | Please mark the appropriate box.  If resignation etc is as a director and secretary mark both boxes.                                                                                     |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                       | Surname                                                                |                                                                                                                                                                                          |
|                                                                                       | Date of birth (directors only)                                         | DO                                                                                                                                                                                       |
|                                                                                       | than resignation, please state reason<br>(eg death)                    |                                                                                                                                                                                          |
| Change of par                                                                         | rticulars                                                              |                                                                                                                                                                                          |
|                                                                                       | Date of change of particulars                                          | DC                                                                                                                                                                                       |
| Complete this section                                                                 | Change of particulars, as director                                     | Please mark the appropriate box.  If change of particulars is as a director and secretary  mark both boxes.                                                                              |
| in all cases where particulars have <                                                 | Change of particulars, as secretary                                    | ZS mark both boxes.                                                                                                                                                                      |
| changed and then the appropriate section below.                                       | Forenames (name previously > notified to Companies House)              |                                                                                                                                                                                          |
|                                                                                       | Date of birth (directors only)                                         | DO                                                                                                                                                                                       |
| Change of name (                                                                      | (enter new name) Forenames                                             | NN                                                                                                                                                                                       |
|                                                                                       | Surname                                                                |                                                                                                                                                                                          |
| Change of usual r                                                                     | esidential address (enter new address)                                 | AD 16 MONTEREY CLOSE  BEXLEY  KENT                                                                                                                                                       |
|                                                                                       | Post town                                                              | JACK !                                                                                                                                                                                   |
|                                                                                       | County/region                                                          |                                                                                                                                                                                          |
|                                                                                       | Postcode                                                               | DAS 25% Country UK                                                                                                                                                                       |
| Other change                                                                          | (please specify)                                                       |                                                                                                                                                                                          |
|                                                                                       |                                                                        | A serving director, secretary etc must sign the form below                                                                                                                               |
|                                                                                       | Signature                                                              | Signed Southate 9.6.94  (by a serving director/secretary/administrator/administrative receiver/receives). (Delete as appropriate)                                                        |
| After signing plea<br>to the Registrar o                                              | se return the form<br>f Companies at<br>or                             | Companies House, Crown Way, Cardiff CF4 3UZ for companies registered in England and Wales Companies House, 100-102 George Street, Edinburgh EH2 3D for companies registered in Scotland. |
| To whom should enquiries about the                                                    | Companies House direct any ne information on this form?                | J. DAVIES, ACCA,                                                                                                                                                                         |
| •                                                                                     |                                                                        | 29 LINCOLNISION FIELDS                                                                                                                                                                   |
|                                                                                       |                                                                        | LONDON WCZ Tel: 071-356-597                                                                                                                                                              |
| OYEZ The Solid                                                                        | itors' Law Stationery Society Ltd., Oyez House, 27                     | Crimscott Street, London SE1 5TS 1990 Edition 9.90 F1 50173                                                                                                                              |

Companies 288

Directorships : Michael Tuke

East London Partnership
NuDelta Co Ltd
Town & Country Homebuilders Ltd
Woolwich Assured Homes Ltd
Woolwich Homes Ltd
Woolwich Homes (1987) Ltd
Woolwich Pension Fund Trust Co Ltd



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A17 RECEIPT DATE: 11/06/94

#### Appointment

(Turn over page for resignation and change of particulars).

Date of appointment

Company number

Company name

Appointment of director

Appointment of secretary

Name

\*Style/title

NOTES

Show the full forenames. NOT INITIALS If the director or secretary is a Corporation or Scottish firm, show the name on sumame hie and registered or principal office on the usual residential address line.

Give previous forenames or surname

for a marned woman the name before for a married woman the name before marriage need not be given.
 for names not used since the age of 18 or for at least 20 years.
 A peer or individual known by a title may state the title instead of for in addition to the forenames and surname.

Other directorships.

- dormant

Give the name of every company of which the person concerned is a director or has been a director at any time in the past 5 years. Exclude a company which either is, or at all times during the past 5 years when the person was a director, was

- a wholly owned subsidiary of the company making the return

another wholly owned subsidiary of the same parent company.

Forenames Surname

\*Honours etc

Previous forenames

Previous surname

Usual residential address

Post town

County/region

Other directorships<sup>†</sup>

Postcode

Date of birth<sup>†</sup>

Business occupation<sup>†</sup>

Consent signature

Change of director or secretary or change of particulars.

| CN | 2240534 |   |   |
|----|---------|---|---|
|    |         | _ | _ |

CERTIFIED ACCOUNTANTS INVESTMENT

|    | Day | Month | Year |
|----|-----|-------|------|
| DA | 0,3 | ାଣ    | 94   |

CDV

Please mark the appropriate box.

If appointment is as a director and secretary mark both boxes.

NICHOLAS JOH-N

BRITTAIN

AD CHURCHFIELDS

CHURCH LANE

NR. GODALMING

SURREY

GUS SPP Country

DO O P O P S Nationality NA

OC

( SEE ATTACHED LIST)

I consent to act as director/secretary of the above-named company

Date 12th Nay 1990

A serving director etc must also sign the form overleaf.

\*Voluntary details

<sup>†</sup>Directors only

| nesignation                                     | Date of resignation etc                                 | DR                                                                                                                                                                                         |
|-------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (This includes any                              | ·                                                       |                                                                                                                                                                                            |
| form of ceasing to<br>hold office e.g.          | Resignation etc, as director                            | Please mark the appropriate box.  If resignation etc is as a director and secretary                                                                                                        |
| death or removal from office).                  | Resignation etc, as secretary                           | mark both boxes.                                                                                                                                                                           |
|                                                 | Forenames                                               |                                                                                                                                                                                            |
|                                                 | Surname                                                 |                                                                                                                                                                                            |
|                                                 | Date of birth (directors only)                          | DO                                                                                                                                                                                         |
|                                                 | than resignation, please state reason (eg death)        |                                                                                                                                                                                            |
| Change of par                                   | rticulars                                               |                                                                                                                                                                                            |
|                                                 | Date of change of prediculars                           | DC                                                                                                                                                                                         |
| Complete this section                           | Change of particulars, as emector                       | Please mark the appropriate box.  If change of particulars is as a director and secretary                                                                                                  |
| in all cases where particulars have <           | Change of particulars, as secretary                     | ZS mark both boxes.                                                                                                                                                                        |
| changed and then the appropriate section below. | Forenames (name previously notified to Companies House) |                                                                                                                                                                                            |
|                                                 | Date of birth (directors only)                          | DO                                                                                                                                                                                         |
| Change of name (                                | enter new name) Forenames                               | NN                                                                                                                                                                                         |
|                                                 | Surname                                                 |                                                                                                                                                                                            |
| Change of usual re                              | esidential address (enter new address)                  | AD                                                                                                                                                                                         |
|                                                 | Post town                                               |                                                                                                                                                                                            |
|                                                 | County/region                                           |                                                                                                                                                                                            |
|                                                 | Postcode                                                | Country                                                                                                                                                                                    |
| Other change                                    | (please specify)                                        |                                                                                                                                                                                            |
|                                                 | i                                                       | A serving director, secretary etc must sign the form below.                                                                                                                                |
|                                                 | Signature                                               | Signed War Pooling 2.6.94  (by a serving director/secretary/administrator/administrative-receiver/receiver). (Delete as appropriate)                                                       |
| After signing please<br>to the Registrar of C   |                                                         | Companies House, Crown Vlay, Cardiff CF4 3UZ for companies registered in England and Wales Companies House, 100-102 George Street, Edinburgh EH2 3DJ for companies registered in Scotland. |
|                                                 | ompanies House direct any information on this form?     | J. DAVIES, ACCA                                                                                                                                                                            |
|                                                 |                                                         | 29 LINCOLDYIND FIFLAS                                                                                                                                                                      |
|                                                 |                                                         | 29 CINCOCNYINN FIELDS  LONDON WCZ Tel: 071-316-5772                                                                                                                                        |
|                                                 | Ĺ                                                       |                                                                                                                                                                                            |

## LIST OF COMPANY DIRECTORSHIPS

## Nicholas John Brittain

Accountancy Education Ltd
Accountancy Education Services Ltd
Accountancy Educational Projects Ltd
Barclay Assets Ltd
Barclays Bank International Investment Holdings Ltd
Barclays International Ltd
Barclays Overseas Development Corporation Ltd
Bardco Property Investment Ltd
Certified Accountants Educational Projects Ltd
Limebank Property Ltd
Open Learning Ltd
Accountancy Open Learning Ltd
Certified Accountants Educational Trustees Ltd



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**Appointment** 

(Turn over page for resignation and change of particulars).

Date of appointment

Company number

Company name

Appointment of director

Appointment of secretary

Name

\*Style/title

**NOTES** 

Show the full forenames INOT INITIALS If the director or secretary is a Corporation or Scottish firm, show the name on sumireme line and registered or principal office on the usual residential address line.

- Give previous forenames or surname excopt
   for a manned woman the name before marriage need not be given.
   for names not used since the age of 18 or for at least 20 years.
  A peer or individual known by a title may state the title instead of or in eddition to the forenames and surname.

Forenames

Surname

\*Honours etc

Previous forenames

Previous surname

Usual residential address

Post town

County/region

Postcode

Date of birth<sup>†</sup>

Business occupation<sup>†</sup>

Other directorships<sup>†</sup>

Other directorships.

Otte: Un eccloristips, Give the name of every company of which the person concerned is a director at sny time in the past 5 years. Exclude a company which either is, or at all times during the past 5 years when the person was a director, was

- dormant
- a wholly owned subsidiary of the company making the return
- another wholly owned subsidiary of the same parent company.

Consent signature

treate translation and the translation of a state of 1 March 2 and 1 and 2 and 2 and 2 and 2 and 2 and 2 and 2

"Voluntary details <sup>†</sup>Directors only

Change of director or secretary or change of particulars.

| CN 2240534    |      |       |  |
|---------------|------|-------|--|
| CERTIFIED ACC | Cano | ZYWAT |  |
| INVESTMENT    | Co   | LTD   |  |

| Day Month Year                                                    |
|-------------------------------------------------------------------|
| DA 92015 914                                                      |
| CD Please mark the app. spriate vox.                              |
| If appointment is as a director and secretary mark both boxes.    |
| mark both boxe.                                                   |
|                                                                   |
| JONATHAN MICHAEL                                                  |
| BECKERLESSE                                                       |
|                                                                   |
|                                                                   |
|                                                                   |
|                                                                   |
| AD HIGH MOORE HOUSE                                               |
| SHIPTON BY BENINGBOROUGH                                          |
| YORK                                                              |
|                                                                   |
|                                                                   |
| YOGIAS Country U.K.                                               |
| DO 016 011 45 Nationality NA 8RITISH                              |
| OC Account ANT                                                    |
| C.G.A. ACCOUNTANCY LTD                                            |
| RIBING LIGHTS THEATRE CO. LYD                                     |
|                                                                   |
| I consent to act as director/secretary of the above-named company |
| •                                                                 |
| La ra                                                             |

Date 1 fune 94 Signed Aserving director etc must also sign the form overleaf.

| Resignation                                           |                                                         | <b>A</b>                                                                                                                                                                                  |
|-------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (This includes any                                    | Date of resignation etc                                 | DR                                                                                                                                                                                        |
| form of ceasing to<br>hold office e.g.                |                                                         | Please mark the appropriate box.  If resignation etc is as a director and secretary                                                                                                       |
| death or removal from office).                        | Resignation etc, as secretary                           | mark both boxes.                                                                                                                                                                          |
|                                                       | Forenames                                               |                                                                                                                                                                                           |
|                                                       | Surname                                                 |                                                                                                                                                                                           |
|                                                       | Date of birth (directors only)                          | DO                                                                                                                                                                                        |
| •                                                     | than resignation, please state reason (eg death)        |                                                                                                                                                                                           |
| Change of par                                         | rticulars<br>—                                          |                                                                                                                                                                                           |
|                                                       | Date of change of particulars                           | DC : ! !                                                                                                                                                                                  |
| Complete this section                                 | Change of particulars, as director                      | Please mark the appropriate box.  If change of particulars is as a director and secretary                                                                                                 |
| in all cases where particulars have                   | Change of particulars, as secretary                     | ZS mark both boxes.                                                                                                                                                                       |
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|                                                       | Surname                                                 |                                                                                                                                                                                           |
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|                                                       | Post town                                               |                                                                                                                                                                                           |
|                                                       | County/region                                           |                                                                                                                                                                                           |
|                                                       | Postcode                                                | Country                                                                                                                                                                                   |
| Other change                                          | (please specify)                                        |                                                                                                                                                                                           |
|                                                       |                                                         | A serving director, secretary etc must sign the form below.                                                                                                                               |
|                                                       | Signature                                               | Signed Signed Bottle 9.6.94  (by a serving disector/secretary/administrator/ administrative receiver/receiver). (Delete as appropriate)                                                   |
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|                                                       | ompanies House direct any information on this form?     | J. DAVIES ACCA                                                                                                                                                                            |
| · · · · · · · · · · · · · · · · · · ·                 |                                                         | 19 LINCOLN'S IND FIELDS                                                                                                                                                                   |
|                                                       |                                                         | I DAVIES ACCA  29 LINCOLN'S IND FIELDS  LONZON WEZ Tel: 071-356-5972                                                                                                                      |
| Over The Solicitors                                   | s' Law Stationery Society Ltd., Ovez House, 27 Cr       |                                                                                                                                                                                           |



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A17 RECEIPT DATE: 11/06/94

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Company number

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Appointment of director

Appointment of secretary

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Surname

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Consent signature

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| CN 2240534   |      |        |
|--------------|------|--------|
| CERTIFIED AC | cour | 27GATG |
| INVESTMENT   | ص    | LTD    |
|              | _    |        |

| <del></del>                                                     |
|-----------------------------------------------------------------|
| Day Month Year                                                  |
| Day Month Year  DA 0 5 9 4                                      |
| CD Please mark the appropriate box.                             |
| If appointment is as a director and secretary mark both boxes.  |
|                                                                 |
| HEATHER SUSAN                                                   |
| LYALL                                                           |
|                                                                 |
|                                                                 |
|                                                                 |
| AD 14 SMITHY ROAD                                               |
| BALMULLO                                                        |
| ST ANDREW'S                                                     |
| FIFE                                                            |
| KY16 OBG Country U.K.                                           |
| DO 29 12 47 Nationality NA BRITISH                              |
| OC CERTIFIED ACCOUNTANT                                         |
| LIFFORD HALL ASSOCIATES LTD                                     |
| RINGCOLT LTD                                                    |
|                                                                 |
| Consent to act as director/secretary-of the above-named company |
| 1                                                               |
| Signed HShyall Date 13/5/94                                     |

A serving director etc must also sign the form overleaf.

| D = = 1 = = 11                                                              |                                                                                                 | · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Resignation                                                                 | Date of resignation etc                                                                         | DR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (This includes an form of ceasing t                                         |                                                                                                 | Please mark the appropriate box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| hold office e.g.<br>death or removal                                        | •                                                                                               | If resignation etc is as a director and secretary mark both boxes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| from office).                                                               | Forenames                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                                                             | Surname                                                                                         | DO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                             | Date of birth (directors only)                                                                  | DO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                             | r than resignation, please state reason<br>(eg death)                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Change of pa                                                                | rticulars                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                             | Date of change of particulars                                                                   | DC .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Complete this section                                                       | Change of particulars, as director                                                              | Please mark the appropriate box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| in all cases where particulars have <                                       | Change of particulars, as secretary                                                             | If change of particulars is as a director and secreta mark both boxes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| changed and then the appropriate section                                    | Forenames (name previously                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| below.                                                                      | Surname notified to Companies House)                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                             | Date of birth (directors only)                                                                  | DO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Change of name (                                                            | (enter new name) Forenames                                                                      | NN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| - ,                                                                         | Surname                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ·                                                                           | Surname esidential address (enter new address)                                                  | AD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| ·                                                                           | esidential address (enter new address) Post town                                                | AD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ·                                                                           | esidential address (enter new address)                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Change of usual re                                                          | esidential address (enter new address)  Post town  County/region  Postcode                      | AD:  Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ·                                                                           | esidential address (enter new address)  Post town  County/region                                | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Change of usual re                                                          | esidential address (enter new address)  Post town  County/region  Postcode                      | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Change of usual re                                                          | esidential address (enter new address)  Post town  County/region  Postcode                      | Country  A serving director, secretary etc must sign the form below Signed 9.6.9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Change of usual re                                                          | Post town County/region Postcode (please specify)  Signature                                    | Signed Si |
| Change of usual re Other change                                             | Post town County/region Postcode (please specify)  Signature                                    | Signed  Signed  Signed  Signed  Signed  Signed  Companies House, Crown Way, Cardiff CF4 3UZ for companies registered in England and Wales                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Change of usual re Other change  After signing please to the Registrar of 6 | Post town County/region Postcode (please specify)  Signature e return the form Companies at  or | Country  A serving director, secretary etc must sign the form below 9.6.9  (by a serving director/secretary/administrator/administrative receiver/receiver). (Delete as appropriate)  Companies House, Crown Way, Cardiff CF4 3UZ for companies registered in England and Wales Companies House, 100-102 George Street, Edinburgh EH2: for companies registered in Scotland.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Change of usual re Other change  After signing please to the Registrar of 6 | Post town County/region Postcode (please specify)  Signature e return the form Companies at     | Signed  Signed |
| Change of usual re Other change  After signing please to the Registrar of 6 | Post town County/region Postcode (please specify)  Signature e return the form Companies at  or | Country  A serving director, secretary etc must sign the form below 9.6.9 (by a serving director/secretary/administrative receiver/receiver). (Delete as appropriate)  Companies House, Crown Way, Cardiff CF4 3UZ for companies registered in England and Wales Companies House, 100-102 George Street, Edinburgh EH2 3 for companies registered in Scotland.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |



CHA1

This form should be completed in black.



A17 RECEIPT DATE: 11/06/94

Appointment

(Turn over page for resignation and change of particulars).

Date of appointment

Company number

Company name

Appointment of director

Appointment of secretary

Name

\*Style/title

NOTES

Show the full forenames. NOT INITIALS If the director of secretary is a Corporation or Scottish firm, show the name on sumame line and registered or principal office on the usual residential address line.

Give previous forenames or sumame

- Give previous forenames or sumame sixcent for a married woman the name before marriage need not be given for names not used since the age of 18 or for at least 20 years. A peer or individual known by a title may state the title instead of or in addition to the forenames and surname.

Forenames

Surname

\*Honours etc

Previous forenames

Previous surname

Usual residential address

Post town

County/region

Postcode

Date of birth<sup>T</sup>

Business occupation<sup>†</sup>

Other directorships<sup>†</sup>

a parent company which wholly owned the company maxing the return

dormant

Other directorships.

Give the name of every company of which the person concerned is a director or has been a director at any time in the pest 5 years. Exclude a company which either is, or at all times during the past 5 years when the person was a director, was

- a wholly owned subsidiary of the company making the return
- another wholly owned subsidiary of the same parent company

Consent signature

<sup>†</sup>Directors only \*Voluntary details

Change of director or secretary or change of particulars.

| CN | 224 053   | 4_   |        |
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| Day Month Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| DA 0 \$ 9 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| CD Please mark the appropriate box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| If appointment is as a director and secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| CS mark both boxes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| MICHAEL JOHN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| MUMFORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| AD 6 BELLE VUE AVENUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ADIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| LANCASTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| LAI 4DD Country U.K.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| DO 270438 Nationality NA BRITISH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| OC LECTURER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| I consent to act as director/secretary of the above-named company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Signed 1/2 Thuis Date 12 Am 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| A serving director etc must also sign the form overleaf.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| Resignation                                                                                       | Date of resignation etc                             | DR                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (This includes any<br>form of ceasing to<br>hold office e.g.<br>death or removal<br>from office). |                                                     | Please mark the appropriate box.                                                                                                                                                         |
|                                                                                                   | Resignation etc, as secretary                       | If resignation etc is as a director and secretary                                                                                                                                        |
|                                                                                                   |                                                     | mark both boxes.                                                                                                                                                                         |
|                                                                                                   | Forenames                                           |                                                                                                                                                                                          |
|                                                                                                   | Surname                                             |                                                                                                                                                                                          |
| Date of birth (directors only)                                                                    |                                                     | DO                                                                                                                                                                                       |
|                                                                                                   | than resignation, please state reason<br>(eg death) |                                                                                                                                                                                          |
| Change of part                                                                                    | ticulars<br>-                                       |                                                                                                                                                                                          |
|                                                                                                   | Date of change of particulars                       | DC 0 2 0 6 9 4                                                                                                                                                                           |
| changed and then the appropriate section                                                          | Change of particulars, as director                  | Please mark the appropriate box.  If change of particulars is as a director and secretar                                                                                                 |
|                                                                                                   | Change of particulars, as secretary                 | ZS mark both boxes.                                                                                                                                                                      |
|                                                                                                   | Forenames   (name previously notified to            |                                                                                                                                                                                          |
|                                                                                                   | Surname Companies House)                            |                                                                                                                                                                                          |
|                                                                                                   | Date of birth (directors only)                      | DO 2 7 0 4 3 9                                                                                                                                                                           |
| Change of name (enter new name) Forenames                                                         |                                                     | NN                                                                                                                                                                                       |
| Surname                                                                                           |                                                     |                                                                                                                                                                                          |
| Change of usual residential address (enter new address)                                           |                                                     | AD                                                                                                                                                                                       |
|                                                                                                   | Post town                                           |                                                                                                                                                                                          |
|                                                                                                   |                                                     |                                                                                                                                                                                          |
|                                                                                                   | County/region                                       |                                                                                                                                                                                          |
|                                                                                                   | Postcode                                            | Country                                                                                                                                                                                  |
| Other change                                                                                      | (please specify)                                    |                                                                                                                                                                                          |
| Signature                                                                                         |                                                     | A serving director, secretary etc must sign the form below                                                                                                                               |
|                                                                                                   |                                                     | Signed Mony Booth 9.6.94                                                                                                                                                                 |
|                                                                                                   |                                                     | (by a serving director/secretary/administrative receiver/receiver). (Delete as appropriate)                                                                                              |
| After signing please return the form o the Registrar of Companies at or                           |                                                     | Companies House, Crown Way, Cardiff CF4 3UZ for companies registered in England and Wales Companies House, 100-102 George Street, Edinburgh EH2 3D for companies registered in Scotland. |
| To whom should Companies House direct any enquiries about the information on this form?           |                                                     | T. DAVIES, ACCA  2) CINCOLNIS INN FIELDS  LONDON WCZ Tel: 071-396-5972                                                                                                                   |
|                                                                                                   |                                                     |                                                                                                                                                                                          |
|                                                                                                   |                                                     | 2) CINCOLNIS INN FIELDS                                                                                                                                                                  |

OYEZ