



Companies House
— for the record —

AR01 (ef)

Annual Return



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Received for filing in Electronic Format on the: **07/10/2013**

Company Name: **WESCOTT MEDICAL LIMITED**

Company Number: **02651857**

Date of this return: **07/10/2013**

SIC codes: **32500**
46900

Company Type: **Private company limited by shares**

Situation of Registered Office: **UNIT 3B DRUM INDUSTRIAL ESTATE**
CHESTER LE STREET
COUNTY DURHAM
DH2 1AG

Officers of the company

Company Director **1**

Type: **Person**
Full forename(s): **MR NEVILLE**

Surname: **STEBBINGS**

Former names:

Service Address: **8 THE PARADE
CHESTER LE STREET
COUNTY DURHAM
DH3 3LR**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **18/07/1957** *Nationality:* **BRITISH**
Occupation: **MEDICAL EQUIPMENT
MARKETING**

Company Director **2**

Type: **Person**

Full forename(s): **MRS SUSAN**

Surname: **STEBBINGS**

Former names:

Service Address: **8 THE PARADE
CHESTER LE STREET
COUNTY DURHAM
DH3 3LR**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **22/03/1957** *Nationality:* **BRITISH**

Occupation: **MEDICAL EQUIPMENT
MARKETING**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	200
		<i>Aggregate nominal value</i>	200
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0

Prescribed particulars

ALL SHARES WITH EQUAL RIGHTS RELATING TO VOTING, REDEMPTION, PARTICIPATION IN DISTRIBUTIONS ETC.

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	200
		<i>Total aggregate nominal value</i>	200

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 07/10/2013 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : **100 ORDINARY shares held as at the date of this return**
Name: **NEVILLE STEBBINGS**

Shareholding 2 : **100 ORDINARY shares held as at the date of this return**
Name: **SUSAN STEBBINGS**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.