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363a

Please complete in typescript, or in bold black capitals.

CHFP036

## **Annual Return**

Company Number		2715353
Compan	y Name in full	WELLWAY CONTRACTS LIMITED
Date of this return The information in this retu	rm is made up to	Day Month Year
Date of next return		
If you wish to make your to a date earlier than the of this return please sho Companies House will that the appropriate time.	anniversary w the date here.	Day Month Year
Registered Office Show here the address this return.	at the date of	BULMAN HOUSE, REGENT CENTRE, GOSFORTE
A at		
Any change of registered office	Post town	NEWCASTLE UPON TYNE
must be notified on form 287.	County / Region	TYNE & WEAR
OH 101111 207.	UK Postcode	NE3 3LS
Principal business a	ctivities	
Show trade classification code number(s) for the principal activity or activities.		9305
		<u> </u>
If the code number cannot be determined, give a brief description of principal activity.		OTHER SERVICE ACTIVITIES
		1

\*AHS7JLHG\* 0548
A12 COMPANIES HOUSE 18/08/03
Form April 2002

Then you have completed and signed the form please send it to the egistrar of Companies at:

ompanies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff r companies registered in England and Wales

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



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

CHFP036

Company Number	2715353		
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## Company Name in full , WELLWAY CONTRACTS LIMITED

- Changes to shareholders particulars or details of the amount of stock or shares transferred must be completed each year
- You must provide a "full list" of all the shareholders on:
  - The company's first annual return following incorporation;
  - Every third annual return after a full list has been provided
- List the company shareholders in alphabetical order or provide an index
- List joint shareholders consecutively

	Class and	Shares or amount of stock transferred	
Shareholders' details	number of shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer
Name	ORDINARY 3750		
DR ALISTAIR BLAIR			
Address			
21 LADYWELL WAY			
PONTELAND			
NORTHUMBERLAND			
UK Postcode (NE20 9TE			
Name	ORDINARY 3750		
DR CHRISTOPHER MARR			
Address			
4 THE CROSSWAY	. }		]
MORPETH			
NORTHUMBERLAND			
UK Postcode (NE61 2DA			
Name	ORDINARY 3750		
DR STEPHEN ANDREW HINCHLIFFE	.		
Address			
3 rom mood			
SWARLAND			
NORTHUMBERLAND			
UK Postcode NE65 9PB			

# List of past and present shareholders (Continued)

Company Number 12715353

	Class and	Shares or amount of stock transferred (if appropriate)		
Shareholders' details	number of shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer	
Name	ORDINARY 3750			
DR PETER ANDERSON				
Address				
THE BEECHES, LONGHIRST				
MORPETH				
NORTHUMBERLAND				
UK Postcode NE61 3LX				
Name				
L				
Address	}			
<u></u>				
UK Postcode				
Name	<u>.</u>	ļ	· -	
	}			
Address		,	•	
UK Postcode				
Name				
Hamo				
Address		,		
1				
UK Postcode				
Name				
Address				

Register of memb		L
	nbers is not kept at the te here where it is kept.	
	Post town	
	County / Region	UK Postcode
Register of Debe If there is a register of or a duplicate of any of it, which is not ke office, state here who	of debenture holders, such register or part ept at the registered	UK Postcode
Company type		
Public limited company	,	
Private company limite	d by shares	
Private company limite share capital	d by guarantee without	
Private company limite section 30	d by shares exempt under	Please mark the appropriate box
Private company limite under section 30	d by guarantee exempt	
Private unlimited comp	any with share capital	
Private unlimited company without share capital		
Company Secret	ary	Details of a new company secretary must be notified on form 288a.
(Please photocopy this area to provide details of joint sec-	Name * Style / Title	DR
retaries).	Forename(s)	CHRISTOPHER
th Tick this box if the	Surname	1 MARR
address shown is a service address for the beneficiary of a	Address **	4 THE CROSSWAY
Confidentiality Order granted under section 723B of the		1
Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.	Post town	MORPETH
	County / Region	NORTHUMBERLAND UK Postcode NE61 2DA
	Country	ENGLAND
If a partnership give the names and addresses of		
the partners or the name of the partnership and office address.		Page 2

<b>Directors</b> Please list directors in alphabetical order.		Details of new directors must be notified on form 288a
Nam	e *Style / Title	DR
<b>Directors</b> In the case of a director that is a coroporation or a Scottish firm, the name is the corporate or firm name.	Date of birth Forename(s)	Day Month Year  O 3 / O 4 / 1 9 6 7  STEPHEN ANDREW
th Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section	Surname  Address #	HINCHLIFFE  3 LOW WOOD
723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or	Post town	SWARLAND  UK Postcode NEGE ODD
Scottish firm, give the registered or principal office address.	County / Region  Country usiness occupation	ENGLAND Nationality BRITISH  DOCTOR
*Voluntary details		
Directors In the case of a director that is a coroporation or a Scottish firm, the	e * Style / Title  Date of birth	Day Month Year
name is the corporate or firm name.  **Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order	Forename(s)	PETER
	Surname  Address #	THE BEECHES, LONGHIRST
granted under section 723B of the Companies Act 1985 otherwise, give your usual residential	Post town	MORPETH
address. In the case of a corporation or Scottish firm, give the registered or principal office address.	County / Region	NORTHUMBERLAND UK POStcode NE61 3LX
	Country	ENGLAND Nationality BRITISH

| MEDICAL PRACTITIONER

**Business occupation** 

Directors		Details of new directors must be notified on form 288a
Please list directors in alphabetical order.		Domino of field different and the field of form 200g
Name		, DR
Nain	c Otyle / Title	
Directors in the case		Day Month Year
of a director that is a coroporation or a Scottish firm, the	Date of birth	0 3 / 0 7 / 1 9 6 9
name is the corpo- rate or firm name.	Forename(s)	ALISTAIR
# Tick this box if the	Surname	BLAIR
address shown is a service address for the beneficiary of a	Address <sup>††</sup>	21 LADYWELL WAY
Confidentiality Order granted under section 723B of the		L
Companies Act 1985 — otherwise, give your usual residential	Post town	PONTELAND
address. In the case of a corporation or Scottish firm, give the	County / Region	NORTHUMBERLAND UK Postcode NE20 9TE
registered or principal office address.	Country	ENGLAND Nationality BRITISH
	usiness occupation	DOCTOR
*Voluntary details		
voluntary actualic		
Nam	e * Style / Title	DR
<b>Directors</b> In the case of a director that is a coroporation or a		Day Month Year
Scottish firm, the name is the corporate or firm name.	Date of birth	27/03/1959
	Forename(s)	CHRISTOPHER
# Tick this box if the	Surname	MARR
address shown is a service address for the beneficiary of a	Address #	4 THE CROSSWAY
Confidentiality Order granted under section 723B of the		
Companies Act 1985 otherwise, give your usual residential	Post town	MORPETH
address. In the case of a corporation or Scottish firm, give the	County / Region	NORTHUMBERLAND UK Postcode NE61 2DA
registered or principal office address.	Country	ENGLAND Nationality BRITISH

**Business occupation** 

MEDICAL PRACTITIONER

#### Issued share capital

Enter details of all the shares in issue at the date of this return.

#### Class

(e.g. Ordinary/Preference)

#### Number of shares issued

#### Aggregate Nominal Value

(i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)

	ORDINARY	
	L	
	L	
	L	
	Totals	15000 £15,000.00
List of past and present shareholders (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two	There were no changes in the period	
returns.	A list of changes is enclosed	on paper in another format
	A full list of members is enclosed	1
Certificate  I certify that the information given in this return is true to the knowledge and belief.		is return is true to the best of my
Signed	† a director / secretary	Date ~16 06 03.
Please delete as appropriate	a director / secretary	
When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to Companies House.	This return includes (enter nur	continuation sheets.
You do not have to give any contact information in the box opposite but if you do, it will help Companies House to	TAIT WALKER	
contact you if there is a query on the form. The contact information that you	BULMAN HOUSE, REGENT CENTRE,	GOSFORTH, NEWCASTLE UPON TYNE,
give will be visible to searchers of the public record.		91 285 0321
F	DX number   60368 DX exch	nange   GOSFORTH