

002355/15 **363a**

Please complete in typescript,
or in bold black capitals.

Annual Return

CHFP010

Company Number

2796952

Company Name in full

SILVER CLEF PRODUCTIONS LIMITED

Date of this return

The information in this return is made up
to

Day	Month	Year
08	03	2002

Date of next return

If you wish to make your next return to a
date earlier than the anniversary of this
return please show the date here.
Companies House will then send a form at
the appropriate time.

Day	Month	Year

Registered Office

Show here the address at the date of
this return.

2 LISSENDEN GARDENS

Any change of
registered office **must**
be notified on form
287.

Post town

LONDON

County / Region

UK Postcode

NW5 1PP

Principal business activities

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

9231

If the code number cannot be determined,
give a brief description of principal
activity.



MAC

When you have completed and signed the form please send it to the
Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ

DX 33050 Cardiff

or companies registered in England and Wales

or
Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in Scotland

DX 235 Edinburgh

Register of members

If the register of members is not kept at the registered office, state here where it is kept.

Post town

County / Region

UK Postcode

Register of Debenture holders

If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state where it is kept.

Post town

County / Region

UK Postcode

Company type

Public limited company

Private company limited by shares

Private company limited by guarantee without share capital

Private company limited by shares exempt under section 30

Private company limited by guarantee exempt under section 30

Private unlimited company with share capital

Private unlimited company without share capital

☐☒☐☐☐☐☐

Please tick the appropriate box

Company Secretary

(Please photocopy this area to provide details of joint secretaries).

* Voluntary details.

If a partnership give the names and addresses of the partners or the name of the partnership and office address.

Name

* Style / Title

Mr

Forename(s)

JOHN GRAHAM

Surname

WHITEHOUSE

Address

THE BROWN HOUSE

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Post town

HOLMBURY ST MARY

County / Region

SURREY

UK Postcode

RH5 6PF

Country

Directors*Please list directors in alphabetical order.***Details of new directors must be notified on form 288a**

Directors In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.

Name * Style / Title _____

Date of birth

Day		Month		Year	
1	2	0	7	1	9

 4 6

Forename(s) | ANDREW CAMERON

Surname | MILLER

Address | 19 BOWERDEAN STREET, FULHAM

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Post town | LONDON

County / Region | UK Postcode | SW6

Country | Nationality | BRITISH

Business occupation | COMPANY DIRECTOR

* Voluntary details.

Name * Style / Title | Mr

Date of birth

Day		Month		Year	
1	2	0	3	1	9

 5 0

Forename(s) | JOHN GRAHAM

Surname | WHITEHOUSE

Address | THE BROWN HOUSE

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Post town | HOLMBURY ST MARY

County / Region | SURREY UK Postcode | RH5 6PF

Country | Nationality | BRITISH

Business occupation | CHARTERED ACCOUNTANT

Directors*Please list directors in alphabetical order.***Details of new directors must be notified on form 288a**

Directors In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.

Name * Style / Title _____

Day Month Year
Date of birth 2 1 0 6 1 9 6 0

Forename(s) MICHAEL DAVID

Surname MILLER

Address HIGHTREES, 15A LINKSWAY

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Post town NORTHWOOD

County / Region MIDDLESEX UK Postcode HA6 2XA

Country Nationality BRITISH

Business occupation DIRECTOR

* Voluntary details.

Name * Style / Title MR

Day Month Year
Date of birth 2 8 0 1 1 9 4 4

Forename(s) SAMUEL GEORGE

Surname ALDER

Address THE GRANGE, CLYPSE MOAR

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Post town ONCHAN

County / Region UK Postcode IM4 5BG

Country ISLE OF MAN Nationality BRITISH

Business occupation CHARTERED ACCOUNTANT

Directors*Please list directors in alphabetical order.***Details of new directors must be notified on form 288a**

Directors In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.

Name	* Style / Title			
	Day	Month	Year	
Date of birth	0	8	0	6
			1	9
			4	4
Forename(s)	WILLIAM WARDELL			
Surname	ROBERTSON			
Address	55 FULHAM HIGH STREET			
Post town	LONDON			
County / Region			UK Postcode	SW6 3JJ
Country			Nationality	BRITISH
Business occupation	COMPANY DIRECTOR			

* Voluntary details.

Name	* Style / Title			
	Day	Month	Year	
Date of birth				
Forename(s)				
Surname				
Address				
Post town				
County / Region			UK Postcode	
Country			Nationality	
Business occupation				

Directors In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

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	100	£100.00
Totals	100	100.00

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 returns.

There were no changes in the period

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on paper

in another format

A list of changes is enclosed

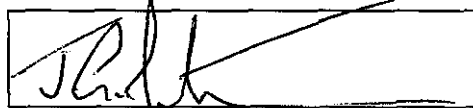
☐☐

A full list of shareholders is enclosed

☒☐**Certificate**

I certify that the information given in this return is true to the best of my knowledge and belief.

Signed



Date

19/04/02.

† 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

1

continuation sheets.

(enter number)

Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

MACINTYRE HUDSON (LONDON) GLY, GREENWOOD HOUSE,

4/7 SALISBURY COURT, LONDON, EC4Y 8BT

Tel

DX number

DX exchange

List of past and present shareholders

Schedule to form 363a

CHFP010 **Company Number** 2796952

Company Name in full SILVER CLEF PRODUCTIONS 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 company shareholders on:
 - The company's first annual return following the 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

Shareholders' details	Shares or amount of stock transferred (if appropriate)		
	Class and number of shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer
Name A.C. MILLER & THE NORDOFF-ROBBINS MUSIC THERAPY CENTRE <hr/> Address THE COACH HOUSE, 24 SEYMOUR ROAD, LONDON <hr/> UK postcode SW18	£1.00 ORDINARY Shares Held 1		
Name NORDOFF-ROBBINS MUSIC THERAPY <hr/> Address GREENWOOD HOUSE, 4/7 SALISBURY COURT, LONDON <hr/> UK postcode EC4Y 8BT	£1.00 ORDINARY Shares Held 99		
Name <hr/> Address <hr/> UK postcode			