

COMPANIES HOUSE

~~~~363s

# Annual Return

Н

of company number 02961188

company name

REGUS (LONDON) LIMITED

company type

PRIVATE COMPANY LIMITED BY SHARES

THE REGISTRAR OF COMPANIES COMPANIES HOUSE CROWN WAY CARDIFF

A22 \*A29H10PG\* 551
COMPANIES HOUSE 05/09/96

### This form should be completed in black.

CF4 3UZ

The information printed below is taken from Companies House records as at 02/08/96 If this information requires amendment use the spaces opposite.

#### Date of this return (See note 1)

The information in this return should be made up to a date not later than

| Day   | Month | Year  |
|-------|-------|-------|
| 2   3 | 0  8  | 9   6 |

## Date of next return (See note 2)

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

## Registered Office (See note 3)

This is the address registered by Companies House.

1 NORTHUMERLAND AVENUE LONDON WC2N 5BW

#### Principal business activities (See note 4)

Trade classification is 7484 OTHER BUSINESS ACTIVITIES

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

If you are making the return up to an earlier date, show the date here. Please note that the form must be delivered to Companies House within 28 days of this earlier date.

| Day | Month | Year |  |
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| Day | Month | Year |
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| 02961188  Register of members (See note 5)                                        | If the information shown needs amendment, give details below and, for secretary and director particulars, the date of any change. |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| The register is kept at REGISTERED OFFICE                                         | 33 OLD LOOKILL FORD<br>SURREY<br>ETIH GLG                                                                                         |
| Register of debenture holders (See note 6)                                        |                                                                                                                                   |
| Any register of debenture holders (or duplicate) is kept at                       |                                                                                                                                   |
| •                                                                                 |                                                                                                                                   |
| Company Secretary (See note 7)                                                    |                                                                                                                                   |
| Particulars of a new secretary <b>must</b> be notified on form 288.               | Day Month Year  Date of any change.                                                                                               |
| ABACUS CORPORATE SERVICES LIMITED 33 OLD WOKING ROAD WEST BYFLEET SURREY KT14 6LG |                                                                                                                                   |
| If this person has ceased to be secretary, please state when.                     | Day Month Year  Date of resignation.                                                                                              |
| Directors (See note 7)                                                            | Day Month Year                                                                                                                    |
| Particulars of a new director must be notified on form 288.                       | Date of any change.                                                                                                               |
| MARK LESLIE JAMES DIXON 1 NORTHUMBERLAND AVENUE LONDON WC2N 5BW                   |                                                                                                                                   |
| Date of Birth:- 02/11/59 Nat:BRITISH Occ:COMPANY DIRECTOR                         | Day Month Year                                                                                                                    |
| If this person has ceased to be director, please state when.                      | Date of resignation.                                                                                                              |
| Show any relevant current and previous directorships.                             | SEE ATTACHED HIST                                                                                                                 |

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| 02961188                                                                               | If the information shown needs amendment, give details below and the date of any change.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Directors - continued                                                                  | Day Month Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Particulars.                                                                           | Date of any change.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| NO MORE DIRECTORS - ADDITIONAL SECRETARIES OR DIRECTORS MUST BE NOTIFIED ON FORM 288a. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| If this person has ceased to be director, please state when.                           | Date of resignation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Show any relevant current and previous directorships.                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Particulars.                                                                           | Day Month Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                        | Date of any change.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| NO MORE DIRECTORS - ADDITIONAL SECRETARIES                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| If this person has ceased to be director, please                                       | Day Month Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| state when.                                                                            | Date of resignation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Show any relevant current and previous directorships.                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Particulars.                                                                           | Day Month Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| NO MORE DIRECTORS - ADDITIONAL SECRETARIES                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| If this person has ceased to be director, please                                       | Day Month Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| state when.                                                                            | Date of resignation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Show any relevant current and previous directorships.                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Page 3                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| 02961188<br>Issued Share Capital (See note 8)                                                                                               | Class<br>(eg Ordinary/                                                                                | Number of shares issued            | Aggregate<br>nominal value                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------|
| Enter details of all shares in issue at the date of this return.                                                                            | Preference etc)                                                                                       | 1                                  | (ie Number of shares<br>issued multiplied by<br>nominal value per share) |
|                                                                                                                                             | ORDUARY                                                                                               | 1000                               | \$100                                                                    |
|                                                                                                                                             |                                                                                                       |                                    |                                                                          |
|                                                                                                                                             | Totals                                                                                                | 160                                | 100                                                                      |
| List of past and present members (See note 9)                                                                                               |                                                                                                       |                                    |                                                                          |
| (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 p                   | Please mark the appropriate box. eriod not on                            |
| The last full members list was at 23/08/95                                                                                                  | A list of chang<br>A full list of m                                                                   | es is enclosed<br>embers is enclos | on paper paper                                                           |
| Elective resolutions (See note 10) (Private companies only)                                                                                 |                                                                                                       |                                    |                                                                          |
| If an elective resolution is in force at the date of this return to dispense with annual general meetings, mark this box.                   |                                                                                                       |                                    |                                                                          |
| If an elective resolution is in force at the date of this return to dispense with laying accounts in general meetings, mark this box.       | FOR 8                                                                                                 | & ON BEHALF                        | OF                                                                       |
| Certificate  I certify that the information given in this return is true to the best of my knowledge and belief.  I enclose the fee of £18. | Signed  Date 2/9                                                                                      | 1. ledg.                           | Secretary/ <del>surecto</del> r * *(delete as appropriate)               |
| Cheques should be made payable to Companies House.                                                                                          | This return includes (enter number)  Please ensure that you have completed all sections on this page. |                                    |                                                                          |
| To whom should Companies House direct any enquiries about the information shown in this return?>                                            | S3 OH)<br>LYEST F                                                                                     | SUFLEET. Postcoo                   | gi Ext                                                                   |

#### **MLJ DIXON - OTHER DIRECTORSHIPS**

Regus Business Centre BV

Stephanie Square Business Centre SA

Regus Business Centre SA (Brussels)

Regus Amsterdam BV

Regus Paris SA

Regus Copenhagen SA

Regus Business Centre SA (Spain)

Regus Business Centre GMBH

Regus Luxembourg SA

Regus Management Limited

Regus (Trafalgar) Limited

Regus Conferences Limited

Regus (Potters Bar) Limited

Regus (Holdings) Limited

Regus (Birmingham) Limited

Regus (Birmingham Airport) Limited

Regus (Manchester) Limited

Regus (Crossways) Limited

Dixon Property Services Limited

Maxon Investments Limited

Regus (UK) Limited

Regus (Milton Keynes) Limited

Regus (Watford) Limited

Reinhold Estates Limited

**Executive Business Centres Limited** 

Regus Business Centres (S) SA

Regus Executive Apartments SA

Regus Roissy SA

Regus Business Centre Srl

Regus Business Centre (Budapest) kft

Regus (China) Ltd

Regus Approvals Ltd