

COMPANIES HOUSE

of company number 03203107 M

company name

CLASSIC STITCH LIMITED

company type

PRIVATE COMPANY LIMITED BY SHARES

THE REGISTRAR OF COMPANIES COMPANIES HOUSE CROWN WAY

CARDIFF CF4 3UZ



### This form should be completed in black.

The information printed below is taken from Companies House records as at 06/05/98 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 | 015   | 9  8 |

## 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.

7 STARBECK ROAD EASTMOOR WAKEFIELD WEST YORKSHIRE WF1 4AT

# Principal business activities (See note 4)

Trade classification is 3663 OTHER MANUFACTURING

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.

Year

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| 03203107  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                                |   |
| 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.  |
| JONATHAN BLACK 7 STARBECK ROAD EASTMOOR WAKEFIELD WEST YORKSHIRE WF1 4AT |   |
| If this person has ceased to be secretary, please state when.            | Day Month Year          Date of resignation.  |
| Directors (See note 7)   |   |
| Particulars of a new director must be notified on form 288.  ALAN BLACK  | Day Month Year  |
| 7 STARBECK ROAD EASTMOOR WAKEFIELD WEST YORKSHIRE WF1 4AT                |   |
|  | ***************************************   |
| Date of Birth:- 28/02/41 Nat:BRITISH Occ:DIRECTOR                        |   |
| If this person has ceased to be director, please state when.             | Day Month Year        Date of resignation.  |
| Show any relevant current and provious directorships                     |   |

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| 03203107   | If the information shown needs amendment,      |  |  |  |
|--|--|--|--|--|
| Directors - continued  | give details below and the date of any change. |  |  |  |
| Particulars. IAN   | Day Month Year  Date of any change.            |  |  |  |
| BLACK 7 STARBECK ROAD EASTMOOR   |  |  |  |  |
| WAKEFIELD<br>WEST YORKSHIRE WF1 4AT  | •••••••••••••••••••••••••••••••••••••••        |  |  |  |
|  |  |  |  |  |
| Date of Birth:- 31/01/70 Nat:BRITISH Occ:DIRECTOR                                      |  |  |  |  |
| If this person has ceased to be director, please state when.                           | Day Month Year                                 |  |  |  |
| Show any relevant current and previous directorships.                                  | ***************************************        |  |  |  |
| Particulars.   | Day Month Year    Date of any change.          |  |  |  |
| NO MORE DIRECTORS - ADDITIONAL SECRETARIES OR DIRECTORS MUST BE NOTIFIED ON FORM 288a. |  |  |  |  |
|  |  |  |  |  |
| If this person has ceased to be director, please state when.                           | Day Month Year Date of resignation.            |  |  |  |
| Show any relevant current and previous directorships.                                  |  |  |  |  |
| Particulars.   | Day Month Year                                 |  |  |  |
| NO MORE DIRECTORS — ADDITIONAL SECRETARIES OR DIRECTORS MUST BE NOTIFIED ON FORM 288a. |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| If this person has ceased to be director, please state when.                           | Day Month Year                                 |  |  |  |
| Show any relevant current and previous directorships                                   |  |  |  |  |

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| 03203107 Issued Share Capital (See note 8)  | Class<br>(eg Ordinary/  | Number of shares issued  | Aggregate ` - A  |  |
|---|---|--|--|--|
| Enter details of all shares in issue at the date of this return.  | Preference etc)   |  | (ie Number of shares<br>issued multiplied by<br>nominal value per share) |  |
|   | ORDINARY  |  | <u> </u>   |  |
|   |   |  |  |  |
|   | Totals  | 2  | -f 2   |  |
| 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.        | Please mark the appropriate box.  There were no changes in the period               |  |  |  |
| The last full members list was at 23/05/97  | A full list of members is enclosed not on paper  A full list of members is enclosed |  |  |  |
| 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. |   |  |  |  |
| Certificate   | Signed (  | USh  |  |  |
| I certify that the information given in this return is true to the best of my knowledge and belief.                                   | Date /8-5   | - 98   | Secretary/Director * *(delete as appropriate)                            |  |
| I enclose the fee of £15.  Cheques should be made payable to Companies House.   | _   | cludes<br>(enter numbe<br>sure that you                          | er)  |  |
|   | Please en all section   | enter number sure that you no on this parties.  STANLEY  Postcod | r)। have completed   |  |

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