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363a

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Please complete in typescript, or in bold black capitals.

CHFP010

Company Number

Company Name in full

Annual Return

DAY BOSTON ASSOCIATES LIMITED

Date of this return (See note 1)

The information in this return is made up to

Date of next return (See note 2)
If you wish to make your next return to a date earlier then 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)
Show here the address at the date of this return.

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

Post town

County / Region

Postcode

 Day
 Month
 Year

 0 | 7 | 1 | 0 | 1 | 9 | 9 | 9

Day	Month	Year

GABLE HOUSE, 239 REGENTS PARK ROAD,

FINCHLEY

LONDON

N3 3LF

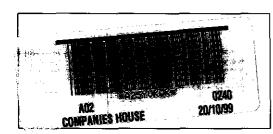
Principal business activities

(See note 4)

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

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

7440	



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

Companies House, Crown Way, Cardiff, CF4 3UZ for companies registered in England and Wales

DX 33050 Cardiff

or

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

		Company No 3260069			
Register of members (See not the register of members is not kept at the registered	ote 5)				
office, state here where it is kept. P	ost town				
County	/ Region	Postcode			
Register of Debenture hold (See note 6)	lers				
If there is a register of debenture holders and it is not	ost town				
County	/ Region	Postcode			
Company type (See note 7)					
Public limited company					
Private company limited by shares	,	$\overline{\mathbf{x}}$			
Private company limited by guarar without share capital Private company limited by shares exempt under section 30 Private company limited by guarar exempt under section 30 Private unlimited company with shapital Private unlimited company without capital	ntee are	Please mark the appropriate box			
Company Secretary (See no	tes 1-5)	Details of a new company secretary must be notified on form 288a.			
Name * Style /		Ms * Honours etc			
	ename(s)	CAROLINE ANN			
details of joint secretaries).	Surname	DAY			
* Voluntary details. Previous for	ename(s)				
Previous su	rname(s)				
Address		93 ABBEVILLE ROAD			
Usual residential address must be given. In the case of a corporation, Post town		LONDON			
give the registered or principal office address. County	/ Region	Postcode SW4 9JL			
Company Secretarial and Compliance Software	Country				

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Directors (See notes 1-5) Please list directors in alphabetical or	rder.	Details of new directors must be notified on form 288a			
Name *	Style / Title	Ms	Day	Month	Year
* H	lonours etc		Date of 1 7	0 1 1	9 5 6
Fo	orename(s)	CAROLINE ANN	<u></u>		
	Surname	DAY			
Previous forename(s)					
Previous surname(s)			· · · · · · · · · · · · · · · · · · ·		
Address		93 ABBEVILLE ROAD			
Usual residential address must be given. In the					
case of a corporation, give the registered or	Post town	PONDON			
principal office address. Coun	ty / Region		Postcode	SW4 9JL	
Country			Nationality	BRITISH	
Business of	occupation	COMPANY DIRECTOR			
Other dir	ectorships	None			
_					
* Voluntary details.					
Name *	Style / Title	Ms	Day	Month	Year
*	lonours etc	Date of 2 0 0 1 1 9 6 2 Birth 2 0 0 1 1 9 6 2			
Forename(s) Surname Previous forename(s) Previous surname(s)		STEPHANIE JANE			
		BOSTON			
Address		APT 103, NEW RIVER HEAD,	173 ROSEBER	Y AVENUE	
Usual residential address must be given. In the					
case of a corporation, give the registered or	Post town	LONDON			
principal office address. Cour	nty / Region		Postcode	EC1R 4UR	
	Country		Nationality	BRITISH	
Business	occupation	COMPANY DIRECTOR			
Other di	rectorships	None			
Company Secretarial and Compliance Software					Page (

Issued share capital (See note 9) Enter details of all the shares in issue at the date of this return.	Class (e.g. Ordinary/Preference)	Number of issued shares	Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share)			
ORDINARY		2	2.00			
	Totals	2	2.00			
List of past and present memb						
(use attached schedule where appropriate) A full list is required if one was not	There were no change					
included with either of the last two returns.		on pape	r in another format			
(See note 10)	A list of changes is en	A list of changes is enclosed				
	A full list of members i	s enclosed X				
-						
Elective Resolutions (Private companies only)	If at the date of this return an election is in force to dispense with annual general meetings, mark this box					
(See note 11)		If at the date of this return an election is in force to dispense with laying accounts in general meetings, mark this box				
Certificate	I certify that the informy knowledge and b	rmation given in this retu elief.	rn is true to the best of			
Sign		Date	13.10.99			
† Please delete as appropriate.	† a director / secretary					
When you have signed the return send with the fee to the Registrar of Compan Cheques should be made payable to Companies House.		cludes (enter number)	continuation sheets.			
Please give the name, address, telephonumber and, if available, a DX number	I GADDO HOODER 23	9 REGENTS PARK ROAD,	, FINCHLEY,			
Exchange of the person Companies Ho should contact if there is any query.						
should contact if there is any query.		Tel				
	DX number	DX exchange				



Please complete in typescript,

List of past and present members Schedule to form 363a, 363b

	lack capitals.					
CHFP010	Company Number	3260069				
	Company Name in full	DAY BOSTON ASSOCIATES LIMITED				
	Class (e.g. Ordinary / Preference)	ORDINARY Number of shares or amount of stock held by existing members at date of this return. Particulars of shares or stock transferred and date of the last return (or in the case of the return, since the incorporation of the compact (a) persons who are still members, and (b) persons who have ceased to be members.			in the case of the first ation of the company) by members, and	
	Name and address		Number or amount currently held	Number or amount Transferred	Date of registration of transfer	Remarks
CAROLINE A	ANN DAY LE ROAD, LONDON , SW4 9JL		1			
APT 103, N	JANE BOSTON NEW RIVER HEAD, 173 ROSEBERY ONDON, EC1R 4UR		1			
1						