

11/245

/15



363a

Please complete in typescript,  
or in bold black capitals.

CHFP001

## Annual Return

Company Number 3438912

Company Name in full PHARMPLEX LIMITED

### Date of this return

The information in this return is made up to

Day Month Year  
2 4 / 0 9 / 2 0 0 4

### 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.

70-72 ALMA ROAD

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

Post town WINDSOR  
County / Region BERKSHIRE

UK Postcode S L 4 3 E Z

### Principal business activities

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

5231

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



A51  
COMPANIES HOUSE  
\*AXR00YWG\*  
0176  
28/09/04

Form April 2002

CHAD 16/07/2002

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 here 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.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the 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.

Name

\* Style / Title

MISS

Forename(s)

NIKU

Surname

SURI

Address ††

3 HALL GARDENS

Post town

BRAMCOTE

County / Region

NOTTS

UK Postcode

N G 9 3 L R

Country

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

3438912

## 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 corporation or a Scottish firm, the 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 granted under section 723B of the 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.

Name	* Style / Title	MRS	
	Day	Month	Year
Date of birth	2 7 / 0 9 / 1 9 5 8		
Forename(s)	MAKINDER		
Surname	SURI		
Address ††	3 HALL GARDENS		
Post town	BRAMCOTE		
County / Region	NOTTINGHAM	UK Postcode	N G 9 3 L R
Country		Nationality	KENYAN
Business occupation	PHARMACIST		

\* 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			

**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 SHARES

	1	£1
Totals	1	£1

**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

☐

on paper

in another format

A list of changes is enclosed

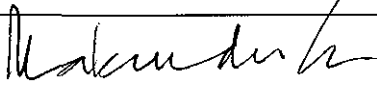
☐
☐

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

27/1/04

† 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 0 continuation sheets.

(enter number)

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

JAYCEE COMSERVICES LIMITED

150 STRAND

LONDON WC2R 1JA

Tel

DX number

DX exchange



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

Company Number 3438912

Company Name in full PHARMPLEX 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 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	Class and number of shares or amount of stock held	Shares or amount of stock transferred (if appropriate)	
		Class and number of shares or amount of stock transferred	Date of registration of transfer
Name MRS MAKINDER SURI Address 3 HALL GARDENS BRAMCOTE NOTTINGHAM UK Postcode NG9 3LR	ORD. 1		
Name _____ Address _____ _____ _____ UK Postcode _____			
Name _____ Address _____ _____ _____ UK Postcode _____			