



Companies House
— for the record —

AR01 (ef)

Annual Return



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Company Name: **CONTROL-X LIMITED**

Company Number: **03660225**

Date of this return: **02/11/2013**

SIC codes: **62020**
62090

Company Type: **Private company limited by shares**

Situation of Registered Office: **POULTERS FARM**
RINGTAIL GREEN, FORD END
CHELMSFORD
ESSEX
CM3 1LP

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **MADELEINE JANE**

Surname: **PASS**

Former names:

Service Address: **POULTERS FARM
RINGTAIL GREEN, FORD END
CHELMSFORD
ESSEX
CM3 1LP**

Company Director ***1***

Type: **Person**

Full forename(s): **MADELEINE JANE**

Surname: **PASS**

Former names:

Service Address: **POULTERS FARM
RINGTAIL GREEN, FORD END
CHELMSFORD
ESSEX
CM3 1LP**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **13/01/1959**

Nationality: **BRITISH**

Occupation: **FARMER**

Company Director 2

Type: **Person**

Full forename(s): **TIMOTHY JOHN**

Surname: **PASS**

Former names:

Service Address: **POULTERS FARM
RINGTAIL GREEN, FORD END
CHELMSFORD
ESSEX
CM3 1LP**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **05/11/1958** *Nationality:* **BRITISH**

Occupation: **COMPUTER MANAGER**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	5
		<i>Aggregate nominal value</i>	5
<i>Currency</i>	GBP	<i>Amount paid per share</i>	0
		<i>Amount unpaid per share</i>	0
<i>Prescribed particulars</i>			
NONE			

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	5
		<i>Total aggregate nominal value</i>	5

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 02/11/2013 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : **3 ORDINARY shares held as at the date of this return**
Name: **TIMOTHY JOHN PASS**

Shareholding 2 : **2 ORDINARY shares held as at the date of this return**
Name: **MADELEINE JANE PASS**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.