Please complete in	typescript,		363a
or in bold black cap CHFP001	itals.	Annual Return 3769748	
Com	pany Name in full	Wight Home Care Limited	
Date of this return The information in this return	•	Day Month Year $ \frac{1}{2} \frac{3}{\sqrt{2}} \frac{0}{\sqrt{2}} \frac{5}{\sqrt{2}} \frac{0}{\sqrt{2}} \frac{0}{\sqrt{2}} \frac{2}{\sqrt{2}} $	
Date of next return If you wish to make your to a date earlier than the of this return please show Companies House will the at the appropriate time.	next return anniversary w the date here.	Day Month Year	
Registered Office Show here the address athis return.	at the date of	2ND FLOOR, SAXON HOUSE HERITAGE GATE, FRIARY STREET	
Any change of registered office must be notified on form 287.	Post town County / Region UK Postcode		
Principal busines	s activities		
Show trade classificatio for the principal activity		9305	9304
If the code number can		L	



A44 COMPANIES HOUSE 21/06/02

Form revised September 1999

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 for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in Scotland DX 235 Edinburgh Page 1

. Register of members If the register of members is not kept at the	Fox Associates, 2nd Floor Saxon House
registered office, state here where it is ke	
Post tov	vn DERBY
County / Region	ON UK Postcode D E 1 N L
Register of Debenture holders If there is a register of debenture holders or a duplicate of any such register or par of it, which is not kept at the registered office, state here where it is kept. Post town County / Regi	L
Company type	
Public limited company	
Private company limited by shares	X
Private company limited by guarantee withou share capital	it
Private company limited by shares exempt u section 30	Please tick the appropriate box
Private company limited by guarantee exempunder section 30	ot
Private unlimited company with share capital	
Private unlimited company without share cap	nital
Company Secretary	Details of a new company secretary must be notified on form 288a.
this area to provide Name * Style / ? details of joint sec-	Title
retaries). Forenam * Voluntary details.	e(s) Diane Marie
If a partnership give Surna	ame Radcliffe-Valvona
the names and addresses of the part- ners or the name of Address	Carpenters Cottage,
the partnership and office address.	Carpenters Road,
Usual residential address must be Post t	own St. Helen's
given. In the case of a corporation or a County / Re Scottish firm, give the	gion Isle of Wight UK Postcode P O 3 3 1 Y G
registered or prin-	intry
CHAD 21/12/99 3769748	Page 2

Directors Please list directors in alphabetical order.		Details of new directors must be notified on form 288a	
Name	* Style / Title	L	
Directors In the case of a director that	Date of birth	Day Month Year 2 0 0 5 1 9 4 9	
is a corporation or a Scottish firm, the name is the corpo- rate or firm name.	Forename(s)	Diane Marie	
rate of fillifficatile.	Surname	Radcliffe-Valvona	
Addre	ess	Carpenters Cottage,	
Usual residential		Carpenters Road,	
address must be given. In the case of a	Post town	St. Helen's	
corporation or a Scottish firm, give the registered or principal	County / Region	Isle of Wight UK Postcode P O 3 3 1 1 Y G	
office address.	Country	Nationality British	
Busi	ness occupation	Company Director	
* Voluntary details.			
Nam Directors In the	e * Style / Title	<u> </u>	
case of a director that is a corporation or a		Day Month Year	
Scottish firm, the name is the corpo-	Date of birth	$\begin{bmatrix} 0 & 18 \\ 1 & 1 \end{bmatrix} \begin{bmatrix} 0 & 4 \\ 1 & 1 \end{bmatrix} \begin{bmatrix} 1 & 19 \\ 1 & 1 \end{bmatrix} \begin{bmatrix} 5 & 12 \\ 1 & 19 \end{bmatrix}$	
rate or firm name.	Forename(s)	Rosemary	
	Surname	Sedgewick	
Add	ress	2 Wilmington Mews, Appley Rise	
Usual residential address must be		Ryde	
given. In the case of a corporation or a Scottish firm, give the	Post town	Isle of Wight	
registered or principal office address.	County / Region	UK Postcode P O 3 3 1 L E	
	Country	Nationality British	
Bus	iness occupation	Company Director	

Company Number 13769748

List of past and present shareholders Schedule to form 363a

Company Name in full $_{\perp}$	Wight Home Care Limited		
L			
>	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		

	Class and	Shares or amount of stock transferred	
Shareholders' details	number of shares or amount of stock held	Class and number of shares or amount of stock transferred	
Name Diane Marie Radcliffe-Valvona	ORDINARY 50		
Address Carpenters Cottage,			
Carpenters Road,			
St. Helen's Isle of Wight			
UK Postcode P O 3 3 L1 Y G	ORDINARY	:	
Name Rosemary Sedgewick	50		
Address 2 Wilmington Mews			
Appley Rise			
Ryde			
UK Postcode PO331LE			
Name			
L			
Address			
L		}	
L			
L			
UK Postcode LLLLL			

Issued share capitalEnter 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	100	£100
<u> </u>		
L		
Totals	100	£100
•		
7 1	9	
There were no changes in	tne period	
	on paper in another t	ormat
A list of changes is enclose	ed -	
• • • • • • • • • • • • • • • • • • •		
A full list of shareholders is	s enclosed X	
	n given in this return is true to the t	est of my
Knowledge and belief.		
d S	Date 2 5.02	
	3.02	
† a director / secretary		
d it This return includes	0 continuation she	ets
ies. I nis return includes	Softania don one	ets.
	0 continuation she	ets.
ies. I nis return includes	Softania don one	ets.
ies. I nis return includes to	(enter number)	ets.
ies. This return includes to Fox Associates, 2nd Floor,	(enter number) Saxon House	ets.
ies. I nis return includes to	(enter number) Saxon House	ets.
ies. This return includes to Fox Associates, 2nd Floor,	(enter number) Saxon House	
ies. to Fox Associates, 2nd Floor, Heritage Gate, Friary Street	(enter number) Saxon House et, Tel Ref:3769748/MAY/RD/V	V150
	Totals There were no changes in A list of changes is enclose A full list of shareholders is I certify that the information knowledge and belief.	Totals 100 There were no changes in the period on paper in another for A list of changes is enclosed X I certify that the information given in this return is true to the knowledge and belief.