

### 101685/30

## 363a

Please complete in typescript, or in bold black capitals.

#### Annual Return

CHFP000

Company number

Company name in full

04163237

WK LIMITED LINGUA RULE

Date of this return

The information in this return is made up to

Day Month

Day

1 8,0 3,20 0 9

Date of next return

If you wish to make your next return to a date earlier than the anniversary of this return please show that date here. Companies House will then send a form at the appropriate time.

Month

1 8, 0 3,2 0 1 0

**Registered Office** 

Show here the address at the date of this return

Any change of registered office must be notified on form 287

Post town

County/Region

**UK Postcode** 

MILLOW ROAD 1PK

ENFIELD, NIDELEX

13 18 N

Principal business activities

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

give a brief description of principal activity

7483

If the code number cannot be determined,



A03

14/07/2009 **COMPANIES HOUSE** 

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

Companies House, Crown Way, Cardiff, CF14 3UZ for companies registered in England or Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX ED235 Edinburgh 1 For companies registered in Scotland

DX 33050 Cardiff

or LP-4 Edinburgh 2

10/08

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Register of members		
If the register of members is not ker registered office, state here where i		
	Post town	
Cour	nty/Region	
ик	Postcode	
	olders, or a rt of it, which state here  Post town  nty/Region	
UF	( Postcode	
Company type		
Public limited company		
Private company limited by		
Private company limited by share capital	guarantee with	Dut
Private company limited by section 30 Private company limited by under section 30 Private unlimited company of the section 30	guarantee exer	npt
Private unlimited company	without share ca	apital
Company Secretary		Details of a new company secretary must be notified on form 288a
*Voluntary details (Please photocopy this area to provide	*Style/Title	MRS .
details of joint secretaries).	Forename(s)	MARIAE
†† Tick the box if the	Surname	BOSTANCI
service address for the beneficiary of a	_ Address ††	271 WILLOW RADO
Confidentiality Order granted under section 723B of the Companies		ENFIELD
Act 1985. Otherwise, give your usual	Post town	
residential address. In the case of a corporation or Scottish firm, give the	County/Region	
registered or principal office address.	• –	ENILIBM
If a partnership, give the names and addresses of the partners or the name of the partnership and office address	Country	
		Page 2

Directors Please list the directors Voluntary details	s in alphabetical order		Details of new directors must be notified on form 288a
In the case of a director that is a corporation or a	Name	*Style/Title	MR
Scottish firm, the name is the			Day <b>Mo</b> nth Year
corporate or firm name		Date of birth	0 3/0 3/1 9 4 7
		Forename(s)	
†† Tick the box if the		Surname	BOSTANCI
address shown is a service address for the beneficiary of a Confidentiality Order	ne A	Address ††	
granted under section 723B of the Companie Act 1985. Otherwise,		Post town	ENFIECD
give your usual residential address. In	۰ ر	County/Region	<u> </u>
the case of a corporation or Scottis firm, give the register or principal office	sh		ENIZEN
address.		Country	
		Nationality	TURKISH
	Busine	ss occupation	NONE
Directors Please list the directors Voluntary details	s in alphabe	etical order	Details of new directors must be notified on form 288a
In the case of a director that is a corporation or a	Name	*Style/Title	
Scottish firm, the name is the			Day Month Year
corporate or firm			
		Forename(s)	
†† Tick the box if the		Surname	
address shown is a service address for to beneficiary of a	he	Address ††	
Confidentiality Order granted under section 723B of the Compani	n 🗀		
Act 1985. Otherwise,		Post town	
residential address. I the case of a corporation or Scotti	С	County/Region	
firm, give the register or principal office		UK Postcode	
address.		Country	
		Nationality	
	Busine	ess occupation	
		• •	
Į.			

Issue 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 ampoint of stock)			
	ordinary		<u> </u>			
	Totals	2	<u> </u>			
Traded public companies A traded public company means a company any of whose shares are shares admitted to trading on a regulated market	Please tick this box if your public company at any time this return					
List of past and present shareholders (use attached schedule where appropriate)	Please tick the appropriate	e box below:	On paper In another format			
Private or non-traded public companies are required to provide a "full list" if one was not included with either of the last two returns.	mpanies are required to provide a company is enclosed. Please complete Schedule A.  Il list" if one was not included with					
Traded public companies are required to provide a list of shareholders who held at least 5% of the issued shares of any share class if a list was not provided with either of the last two	A list of shareholders holding at least 5% of the issued shares of any share class for a traded public company is enclosed. Please complete Schedule B.					
returns.	A list containing sharehold	er changes is enclosed				
	→ For private or non-t complete Schedul	raded public companies, <b>pl</b> e <b>A</b>	ease			
	→ For traded public co Schedule B	ompanies, <b>please complet</b>	e			
	There were no shareholde	er changes in this period				
Certificate	I certify that the information knowledge and belief	n given in this return is true	to the best of my			
Signed			Date 06.07. 2009			
<ul> <li>Please delete as appropriate</li> <li>When you have signed the return, send</li> </ul>	*(director / secretary)	continuation sheet	,			
it with the fee to the Registrar of Companies. Make cheques payable to Companies House.	This return includes	(enter number)	5			
You do not have to give any contact information in the box opposite but if		. o.				
you do, it will help Companies House to contact you if there is a query on the	122 87 11	ACRUB WAY				
form. The contact information that you give will be visible to searchers of the	KONDAY ILLE					
public record.	DX number 020	1 DX exchange 2	<u> ४७१ १९४</u>			
			Page 4			

Directors Please list the directors in alphabetical order * Voluntary details In the case of a			Details of new directors must be notified on form 288a	
director that is a corporation or a Scottish firm, the	Name *Style/Title	*Style/Title	Day Month Year	
name is the corporate or firm name		Date of birth		
		Forename(s)		
		Surname		
†† Tick the box if the address shown is a service address for th	e	_ Address ††		
beneficiary of a Confidentiality Order granted under section	,			
723B of the Companie Act 1985. Otherwise,		Post town		
give your usual residential address. In the case of a	٠ .	County/Region		
corporation or Scottis firm, give the register or principal office		UK Postcode		
address.		Country		
		Nationality		
	Busine	ss occupation		
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In the case of a director that is a corporation or a	Name	*Style/Title		
Scottish firm, the name is the			Day Month Year	
corporate or firm name		Date of birth		
		Forename(s)		
†† Tick the box if the		Surname		
address shown is a service address for the beneficiary of a	he	Address ††	<u> </u>	
Confidentiality Order granted under section 723B of the Companie Act 1985. Otherwise, give your usual	n 🗀			
	es	Post town		
residential address. I the case of a	(	County/Region		
corporation or Scotti firm, give the registe or principal office		UK Postcode		
address.		Country		
		Nationality		
	Business occupation			
<u> </u>				
†			Page 5	

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dispetor that is a	Name *Style/Title	
Scottish firm, the name is the		Day Month Year
corporate or firm name	Date of birth	
	Forename(s)	
†† Tick the box if the	Surname	
address shown is a service address for the	Address ††	
beneficiary of a Confidentiality Order granted under section		
723B of the Companies Act 1985. Otherwise,	Post town	
give your usual residential address. In the case of a	County/Region	
corporation or Scottish firm, give the registered or principal office		
address.	Country	
	Nationality	
	Business occupation	<u> </u>
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†† Tick the box if the	Surname	
address shown is a service address for the	Address ††	
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723B of the Companies Act 1985. Otherwise, give your usual	Post town	
residential address. In the case of a	County/Region	
corporation or Scottish firm, give the registere or principal office		
address.	Country	
	Nationality	
	Business occupation	
	·	
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This must only be completed by private and public limited companies that have not traded on a regulated market

# Schedule A for private or non-traded public companies List of past and present shareholders

1	Please	use a	continuation	sheet i	f rec	uired
١	, icase	use e	CONTRACTOR	311661	, ,,,,,,	unco

Company number
Company name in full

4163237

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- 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 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

#### Do not give shareholder address information

A. A. A. C.	Class and number of	Shares or amount of stock transferred (if appropriate)		
Shareholder's name only	shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer	
Name				
EWEL BOTUME!	Ordinary 2			
Name				
Name				
Name				
Name		·	<u> </u>	
Name				
Name				
Name				
	-			
Name			:	

# Schedule A for private or non-traded public companies (continuation sheet) List of past and present shareholders

	Shares or amount of stock transferred Class and number of (if appropriate)		
Shareholder's name only	shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer
Name			
			<del>-</del>
Name			•
Name			
			<u>-</u>
Name			
Name			
Name			
Name			
Name			
Name			
Name			
Name			
Name			