

— for the record — Company Name HEREO101 LIMITED

363s Annual Return

007013/15

Company Type
Private Company Limited By
Shares

Company Number 4350625

Information extracted from Companies House records on

16th December 2002

> Please check the details printed in blue on this statement.

If any details are wrong, strike them through and write the correct details in the "Amended details" column

> Please use black pen and write



Section 1: Company detail

A28 MASEAUHTEM

0450 22/01/08

| Ref: 4350625/01/01 |                                                                                                                                                                                                                                                                    | Current details                                                                  | Amended details                                   |  |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------|--|
| >                  | Registered Office Address If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.                                                                                                                    | C/O Hro Registrars Limited<br>Heathcoat House 20 Savile Row<br>London<br>W1S 3PR | Address  UK Postcode                              |  |
| >                  | > Register of Members If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.                                                                                                                        | Address where the Register is held  At Registered Office                         | Address  UK Postcode                              |  |
| >                  | Register of Debenture Holders If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.                                                                                                                | Not Applicable                                                                   | Address  UK Postcode                              |  |
| >                  | Principal Business Activities Please enter principal activity code(s) in "Amended details" column. See notes for guidance for list of activity codes. Please use the most appropriate code in the list, or write a short description of your company's activities. | None held, please enter SIC code or description in the amended details column.   | SIC CODE Description  7 4 9 9 Non-Trading Company |  |

Company Number - 4350625

**Section 2: Details of Officers of the Company** 

|   |                                                                                                                                                         | Current details                                                                 | Amended details                                                                                                                                                  |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| > | Company Secretary If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. | Name Jessica KORAVOS  Address 91D Elgin Avenue Maida Vale London W9 2DA         | Tick this box if this address is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985.  Address |
|   | Particulars of a new Company Secretary must be notified on form 288.                                                                                    |                                                                                 | UK Postcode / / Date of change / / / Date Jessica KORAVOS ceased to be secretary (if applicable)                                                                 |
|   | Director  If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.         | Name Martha Collins ROLLE  Address 20 Savile Row Heathcoat House London W1S 3PR | Tick this box if this address is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985.  Address |
|   | Particulars of a new Director<br>must be notified on form<br>288.                                                                                       | Date of birth 23/07/1952  Nationality British  Occupation Lawyer                | UK Postcode                                                                                                                                                      |

| Company | Number | - 4350625 |
|---------|--------|-----------|
|---------|--------|-----------|

## **Section 3: Total Issued Share Capital**

(B)

> Please enter the details of the company's total share capital in the space provided below

|   |                                              | Issued share capital details                 |                                          |
|---|----------------------------------------------|----------------------------------------------|------------------------------------------|
| > | Please fill in the<br>details of total share | Class of Share                               | Number of shares issued                  |
|   | capital by class (eg.                        | Ordinary                                     | One                                      |
|   | ordinary, preference<br>etc) that has been   |                                              | Aggregate Nominal Value of issued shares |
|   | issued to the<br>company's                   |                                              | £1                                       |
|   | shareholders.                                |                                              |                                          |
|   |                                              | Class of Share                               | Number of shares issued                  |
|   |                                              | <u>.                                    </u> | Aggregate Nominal Value of issued shares |
|   |                                              |                                              |                                          |
|   |                                              | Class of Share                               | Number of shares issued                  |
|   |                                              |                                              | Aggregate Nominal Value of issued shares |
|   |                                              |                                              |                                          |
|   |                                              | Class of Share                               | Number of shares issued                  |
|   |                                              |                                              |                                          |
|   | ,                                            |                                              | Aggregate Nominal Value of issued shares |
|   |                                              |                                              |                                          |
|   | > Please fill in the                         |                                              | Number of shares issued                  |
|   | number of issued<br>shares and their to      |                                              | One                                      |
|   | nominal value.                               |                                              | Aggregate Nominal Value of issued shares |
|   |                                              |                                              | £1                                       |
|   |                                              |                                              |                                          |

<sup>&</sup>gt; Please send a full list of shareholders with this annual return. Use Sections 4A (and 4B if appropriate) to give the details. You must name all the shareholders.

#### **Section 4: Details of Current Shareholders**

- (A)
- > Please fill in the details of any persons or corporate bodies who are shareholders at the date of this return.
- > For jointly held shares please list those joint shareholders consecutively on the form. If a joint shareholder also holds shares in their own right, list that holding seperately.
- > Please use Section 4B to give details of any persons or corporate bodies who have ceased to be shareholders since the last annual return or, in the case of a first return, since the incorporation of the company.
- Please copy this page if there is not enough space to enter all the company's current shareholders.

| Shareholders details                    | Class and number<br>of shares or<br>amount of stock held | Class and number of<br>shares or amount of<br>stock transferred<br>(If appropriate) |   |
|-----------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------|---|
| Name<br>HRO Registrars Limited          | One Ordinary                                             |                                                                                     |   |
| Address Heathcoat House, 20 Savile Row, | one oraniary                                             |                                                                                     |   |
| London                                  |                                                          |                                                                                     |   |
| UK Postcode W_ 1 _S _ 3 _P R            |                                                          |                                                                                     | l |
| Name                                    |                                                          |                                                                                     |   |
| Address                                 |                                                          |                                                                                     |   |
|                                         |                                                          |                                                                                     |   |
| UK Postcode                             |                                                          |                                                                                     |   |
| Name                                    |                                                          |                                                                                     |   |
| Address                                 |                                                          |                                                                                     |   |
| L                                       |                                                          |                                                                                     |   |
| UK Postcode                             |                                                          |                                                                                     |   |
| Name                                    |                                                          |                                                                                     |   |
| Address                                 |                                                          |                                                                                     |   |
| <u> </u>                                | :                                                        |                                                                                     |   |
| UK Postcode                             |                                                          |                                                                                     |   |

## Section 4B: Details of Former Shareholders

- > Please fill in details of any persons or corporate bodies who have ceased to be shareholders at the date of this return. Also, please give the dates that their shares were transferred.
- > Please copy this page if there is not enough space to enter all the company's former shareholders.

| Form       | ner shareholders details              | Class and number of<br>shares or amount of<br>stock transferred | Date of registration of transfer |
|------------|---------------------------------------|-----------------------------------------------------------------|----------------------------------|
| Name       |                                       |                                                                 |                                  |
| Address    |                                       |                                                                 |                                  |
|            |                                       |                                                                 |                                  |
| UK Postcoo | de                                    |                                                                 |                                  |
| Name       |                                       |                                                                 |                                  |
| Address    |                                       |                                                                 | 1                                |
|            |                                       |                                                                 |                                  |
| UK Postcoo | de                                    |                                                                 |                                  |
| Name       |                                       |                                                                 |                                  |
| Address    |                                       |                                                                 | <u> </u><br>                     |
|            |                                       |                                                                 |                                  |
| UK Postcoo | de                                    |                                                                 |                                  |
| Name       |                                       |                                                                 |                                  |
| Address    |                                       |                                                                 |                                  |
|            |                                       |                                                                 |                                  |
| UK Postco  | de                                    |                                                                 |                                  |
| Name       |                                       |                                                                 |                                  |
| Address    |                                       |                                                                 | 1                                |
|            | · · · · · · · · · · · · · · · · · · · |                                                                 |                                  |
| UK Postco  | ode                                   |                                                                 |                                  |

#### Company Number - 4350625



# 363s Annual Return Declaration

- When you have checked all the sections of this form, please complete this page and sign the declaration below.
- > If you want to change the made up date of this annual return, please complete 2 below.

|                                                                                                                    | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |                                                                                                       |  |  |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|--|
| 1.                                                                                                                 | Declaration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                       |                                                                                                       |  |  |
|                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | confirm that the details in this annual return are correct as at the made-up-date shown at 2 below). I enclose the filing fee of £15. |                                                                                                       |  |  |
|                                                                                                                    | What to do now  Complete this page then send the wideclaration to the address shown at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                       | Date 21/01/2003  This date must not be earlier than the return date at 2 below  Annual Return and the |  |  |
| 2.                                                                                                                 | Date of this return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                       |                                                                                                       |  |  |
| ☐ This AR is made up to  10/1/2003  If you are making this return up to an earlier date, please give the date here |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       | ·                                                                                                     |  |  |
|                                                                                                                    | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _ /                                                                                                                                   | /                                                                                                     |  |  |
|                                                                                                                    | Note: The i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | form must be                                                                                                                          | e delivered to CH within 28 days of this date                                                         |  |  |
| 3.                                                                                                                 | Date of next return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                       |                                                                                                       |  |  |
|                                                                                                                    | If you wish to change your next return please give the new date here:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                       | e earlier than 10th January 2004                                                                      |  |  |
| 4.                                                                                                                 | Where to send this form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                                       |  |  |
|                                                                                                                    | Please return this form to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                       |                                                                                                       |  |  |
|                                                                                                                    | Registrar of Companies Companies House Crown Way Cardiff CF14 3UZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       | For members of the Hays Document<br>Exchange service<br>DX 33050 Cardiff                              |  |  |
| Have you enclosed the filing fee with the company number written on the reverse of the cheque?                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       |                                                                                                       |  |  |
| C                                                                                                                  | ontact Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                       |                                                                                                       |  |  |
| Cor                                                                                                                | do not have to give any contact information described in the series in the series and the series in | is a query                                                                                                                            | on the form. The contact                                                                              |  |  |
|                                                                                                                    | ntact Name<br>Paltel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -                                                                                                                                     | ne number <i>inc code</i><br>194 5600                                                                 |  |  |
|                                                                                                                    | lress<br>me Roberts & Owen, Heathcoa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DX num                                                                                                                                | ber <i>if applicable</i>                                                                              |  |  |
| 1                                                                                                                  | nse, 20 Savile Row,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DX exci                                                                                                                               | nange                                                                                                 |  |  |

W1SL 3PR

Postcode