



363a

Please complete in typescript,
or in bold black capitals.

CHFP001

Annual Return

Company Number 05290874

Company Name in full OEVERMANN VERMÖGENSVERWALTUNG LTD

Date of this return

The information in this return is made up to

Day Month Year

18 / 11 / 2006

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.

10 Orange Street

Any change of
registered office
must be notified
on form 287

Post town London

County / Region

UK Postcode

WC2H 7DQ

Principal business activities

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

9305

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



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
or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB
for companies registered in Scotland

DX 235 Edinburgh

Form April 2002

CHAD 16/07/2002

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

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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

Forename(s)

Surname

Address ††

Post town

County / Region

Country

Details of a new company secretary must be notified on form 288a.

ST JAMES'S SERVICES LIMITED

10 Orange Street

London

UK Postcode

W C 2 H 7 D Q

05290874

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

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			
		Day	Month	Year
Date of birth		1	9	0 5 / 1 9 6 6
Forename(s)		SIMONE		
Surname		OEVERMANN		
Address ††		RAVENSBERGER STR 142		
Post town		PORTA WESTFALICA		
County / Region		NORTH RHINE-WESTFALI	UK Postcode	
Country			Nationality	GERMAN
Business occupation		BUSINESSWOMAN		

* 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	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

S. Overmann

Date

19/03/2007

† 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 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

10 Orange Street
London
WC2H 7DQ Tel
DX number DX exchange



List of past and present shareholders Schedule to form 363a

Company Number 05290874

Company Name in full OEVERMANN VERMÖGENSVERWALTUNG LTD

- 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 SIMONE OEVERMANN <hr/> Address RAVENSBERGER STR 142 <hr/> PORTA WESTFALICA <hr/> NORTH RHINE-WESTFALIA 32457 <hr/> UK Postcode L L L L L L L	Ordinary 1		
Name _____ <hr/> Address _____ <hr/> _____ <hr/> _____ <hr/> UK Postcode L L L L L L L			
Name _____ <hr/> Address _____ <hr/> _____ <hr/> _____ <hr/> UK Postcode L L L L L L L			