



Annual Return



of company number SC161514

company name
ROOT LIMITED

company type
PRIVATE COMPANY LIMITED BY SHARES

This form should be completed in black.

The information printed below is taken from Companies House records as at 27/10/98 If this information requires amendment use the spaces opposite.

Date of this return (See note 1)

The information in this return should be made up to a date not later than

| Day | Month | Year |
|-----|-------|------|
| 110 | 1:1   | 9 18 |

Date of next return (See note 2)

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.

Registered Office (See note 3)

This is the address registered by Companies House.

17 MELVILLE STREET EDINBURGH EH3 7PH

Principal business activities (See note 4)

Trade classification is
7260 OTHER COMPUTER RELATED ACTIVITIES

If the code cannot be determined from the notes, give a brief description of principal activity.

show the date here. Please note that the form must be delivered to Companies House within 28 days of this earlier date.

Day Month Year

If you are making the return up to an earlier date,

| L | L   | <u>.l.,,,l</u> l |      |
|---|-----|------------------|------|
|   | Day | Month            | Year |
|   |     | ]                |      |
|   |     |                  |      |

| SC161514 Register of members (See note 5)                    | If the information shown needs amendment, give details below and, for secretary and director particulars, the date of any change. |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| The address must be in Scotland.                             |                                                                                                                                   |
| The register is kept at                                      |                                                                                                                                   |
| REGISTERED OFFICE                                            |                                                                                                                                   |
|                                                              |                                                                                                                                   |
|                                                              |                                                                                                                                   |
| Register of debenture holders (See note 6)                   |                                                                                                                                   |
|                                                              |                                                                                                                                   |
| The address must be in Scotland.                             |                                                                                                                                   |
| Any register of debenture holders (or duplicate) is kept at  |                                                                                                                                   |
|                                                              |                                                                                                                                   |
|                                                              |                                                                                                                                   |
|                                                              | ***************************************                                                                                           |
| <u></u>                                                      |                                                                                                                                   |
| Company Secretary (See note 7)                               |                                                                                                                                   |
| Particulars of a new secretary must be notified on form 288. | Day Month Year                                                                                                                    |
|                                                              | Date of any change.                                                                                                               |
| JANET<br>MACLEOD                                             |                                                                                                                                   |
| 3 COLLINGWOOD PLACE                                          |                                                                                                                                   |
| THE MAULTWAY                                                 |                                                                                                                                   |
| CAMBERLEY SUPPEY CHIE 1 DC                                   |                                                                                                                                   |
| SURREY GU15 1PS                                              |                                                                                                                                   |
|                                                              |                                                                                                                                   |
|                                                              |                                                                                                                                   |
|                                                              |                                                                                                                                   |
| If this person has ceased to be secretary, please            | Day Month Year                                                                                                                    |
| state when.                                                  | Date of resignation.                                                                                                              |
|                                                              |                                                                                                                                   |
| Directors (See note 7)                                       |                                                                                                                                   |
|                                                              | Day Month Year                                                                                                                    |
| Particulars of a new director must be notified on form 288.  | Date of any change.                                                                                                               |
| IAN<br>GAMMIE                                                |                                                                                                                                   |
| THE GOLD SUITE MELLOR HOUSE                                  |                                                                                                                                   |
| CHARLES STREET                                               |                                                                                                                                   |
| WINDSOR PEDUCHIDE CLA EDC                                    |                                                                                                                                   |
| BERKSHIRE SL4 5DS                                            |                                                                                                                                   |
|                                                              |                                                                                                                                   |
| Date of Birth:- 03/04/65                                     |                                                                                                                                   |
| Nat:BRITISH                                                  | ***************************************                                                                                           |
| Occ:DIRECTOR                                                 |                                                                                                                                   |
| if this person has ceased to be director, please             | Day Month Year                                                                                                                    |
| state when.                                                  | Date of resignation.                                                                                                              |
| Show any relevant current and provident directors?           |                                                                                                                                   |
| Show any relevant current and previous directorships.        |                                                                                                                                   |
| Page 2                                                       |                                                                                                                                   |

| : SC161514                                                                                                          | If the information shown needs amendment, give details below and the date of any change. |  |  |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|--|
| Directors - continued                                                                                               | Day Month You                                                                            |  |  |
| Particulars.                                                                                                        | Day Month Year                                                                           |  |  |
| NO MORE DIRECTORS — ADDITIONAL SECRETARIES OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.                              |                                                                                          |  |  |
| If this person has ceased to be director, please                                                                    | Day Month Year                                                                           |  |  |
| state when.                                                                                                         | Date of resignation.                                                                     |  |  |
| Show any relevant current and previous directorships.                                                               |                                                                                          |  |  |
| Particulars.                                                                                                        | Day Month Year Date of any change.                                                       |  |  |
| NO MORE DIRECTORS - ADDITIONAL SECRETARIES OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.                              |                                                                                          |  |  |
| If this person has ceased to be director, please state when.  Show any relevant current and previous directorships. | Day Month Year  Date of resignation.                                                     |  |  |
| Particulars.                                                                                                        | Day Month Year    Date of any change.                                                    |  |  |
| NO MORE DIRECTORS - ADDITIONAL SECRETARIES OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.                              |                                                                                          |  |  |
|                                                                                                                     |                                                                                          |  |  |
| If this person has ceased to be director, please state when.                                                        | Day Month Year  Date of resignation.                                                     |  |  |
| Show any relevant current and previous directorships.  Page 3                                                       |                                                                                          |  |  |

| SC161514 Issued Share Capital (See note 8)                                                                                            | Class (eg Ordinary/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Number of shares issued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Aggregate :                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| Enter details of all shares in issue at the date of this return.                                                                      | Preference etc)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (ie Number of shares issued multiplied by nominal value per share) |  |
|                                                                                                                                       | ORDINARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |  |
|                                                                                                                                       | Approximate description of the second of the | Appellus and describe and described described and an extension of the second se |                                                                    |  |
|                                                                                                                                       | Totals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 100                                                                |  |
| List of past and present members (See note 9)                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |  |
| (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 pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | not on                                                             |  |
| The last full members list was at 05/11/96                                                                                            | A list of chang                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ges is enclosed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | on paper paper                                                     |  |
|                                                                                                                                       | A full list of members is enclosed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |  |
| Elective resolutions (See note 10) (Private companies only)                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |  |
| If an elective resolution is in force at the date of<br>this return to dispense with annual general<br>meetings, mark this box.       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |  |
| If an elective resolution is in force at the date of this return to dispense with laying accounts in general meetings, mark this box. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |  |
| Certificate                                                                                                                           | Signed N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | an Saun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Secretary/Director*                                                |  |
| I certify that the information given in this return is true to the best of my knowledge and belief.                                   | Date 21/11/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 198 ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Secretary/Director * *(delete as appropriate)                      |  |
| l enclose the fee of £15.                                                                                                             | This return ir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ncludes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | continuation sheets.                                               |  |
| Cheques should be made payable to Companies House.                                                                                    | (enter number) Please ensure that you have completed all sections on this page.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |  |
|                                                                                                                                       | Sasti-Mond                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RIEFF DOWNIE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Wusion                                                             |  |
| To whom should Companies House direct any enquiries about the information shown in this                                               | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |  |
| return?>                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |  |
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|                                                                                                                                       | Telephone _C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0131 473 3500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ext                                                                |  |