London Law

THE LONDON LAW AGENCY LIMITED
Temple Chambers, Temple Avenue
London EC4Y 0HP
Telephone 0171-353 9471
Fax 0171-583 1531 DX 1053 London/Chancery Lane

Bar 36x2

363a

Please complete in typescript, or in bold black capitals.

Annual Return

Company Number	00532109	
Company Name in full X F 3 6 3 A C 3 0 X	THE LEWISON OYSTER FI	SHEET CO. LIMITED
Date of this return (See note 1) The information in this return is made up to	Day Month Year	
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.	Day Month Year	
Registered Office (See note 3) Show here the address at the date of this return.	Town CoPSE	
Any change of registered office must be notified on form 287. Post town County / Region Postcode	NEWTOWN TSLE OF WICHT POSO 4PT	
Principal business activities (See note 4) Show trade classification code number(s) for the principal activity or activities.	8204	
If the code number cannot be determined, give a brief description of principal activity.		
	When you have completed and signed the form	a places send it to the



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

Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff for companies registered in England and Wales

or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

Register of men If the register of mer registered office, star									
registered office, sta	re Hele Mi	iere it is kept.							
	Post town						-		
	Co	unty / Region					Postcode		
Register of Deb	enture l	nolders							~
(See note 6) If there is a register and it is not kept a state here where it is	t the regi								
		Post town		,					
	Co	ounty / Region				·····	Postcode		
							J I	<u> </u>	
Company type	(See note 7	7)		_					
Public limited company									
Private company limited by shares			X						
Private company limited by guarantee without share capital			Please mark the appropriate box						
Private company limited by shares exempt under section 30									
Private company limite under section 30									
Private unlimited comp									
Private unlimited comp		_							
Company Secre	etary (see	e notes 8)	Details of a	new c	ompa	ny secretary	must be no	tified on for	n 288a.
(Please photocopy this area to provide details of joint	Name	* Style / Title			·	*}	Honours etc		
secretaries).		Forename(s)	PETER DYKE						
		Surname	BLACK	CM F	12			,	
* Voluntary details.	Previous	s forename(s)							
	Previou	ıs surname(s)		•		· · · · ·			
Address			9, ROJSTAJ GARDENS						
						_	· · · · · · · · · · · · · · · · · · ·		
Usual residential address must be	FRESHDATER								
given. In the case of a corporation, give the registered or principal	Co	ounty / Region	ISLE			IGHT	Postcode	Porto	9DF
office address.		Country							

Class Number of Aggregate (e.g. Ordinary/Preference) shares issued **Nominal Value** Issued share capital (see note 9) (i.e Number of shares issued Enter details of all the shares in issue multiplied by nominal value at the date of this return. per share) ORDIJOR-119 2119 £ 119 Totals 119 List of past and present members There were no changes in the period (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two returns. on paper in another format (see note 10) A list of changes is enclosed A full list of members is enclosed **Elective resolutions** If at the date of this return an election is in force to dispense with (Private companies only) annual general meetings, mark this box (See note 11) If at the date of this return an election is in force to dispense with laying accounts in general meetings, mark this box Certificate I certify that the information given in this return is true to the best of my knowledge and belief. Signed 2th How 96 Date † Please delete as appropriate. † a director /secretary When you have signed the return send it This return includes continuation sheets. with the fee to the Registrar of Companies. Cheques should be made payable to (enter number) Companies House. Please give the name, address, FLADER TOVELLES CO - STAG CATES HOUSE, telephone number, and if available, a DX number and Exchange, for THE ALENSE, SOUTHAND TON the person Companies House should contact if there is any query. Corro IaT IXS DX number DX exchange

Details of new directors must be notified on form 288a Directors (continued) * Style / Title Name Day Month Year Date of birth * Honours etc Forename(s) Surname Previous forename(s) Previous surname(s) **Address** Usual residential address must be Post town given. In the case of a corporation, give the Postcode County / Region registered or principal office address. **Nationality** Country **Business occupation** Other directorships * Voluntary details Name * Style / Title Day Year Month Date of birth * Honours etc Forename(s) Surname Previous forename(s) Previous surname(s) **Address** Usual residential address must be Post town given. In the case of a corporation, give the County / Region Postcode registered or principal office address. **Nationality** Country **Business occupation** Other directorships

DIRECTORS (continued)) , .	Details of new dire	ectors must be noti	fied on for	m 288a		
Na	me * Style / Title				Day	Month	Year
	* Honours etc		Date	e of birth			
	Forename(s)						
	Surname			· · ·			
F	Previous forename(s)						
	Previous surname(s)					AMIL.	
Ad	dress						
Usual residential address must be given. In the case of a corporation, give the registered or principal	Post town County / Region			Postcode			
office address.	Country			Nationality			
Bu	siness occupation						
Ott	her directorships				- *-		
* Voluntary details.							
No	ı me * Style / Title				_		v
IVa	* Honours etc		Dat	e of birth	Day	Month	Year
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	Forename(s)						
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	Previous forename(s)						
	Previous surname(s)						
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corporation, give the registered or principal office address.	County / Region			Postcode			
Smoo addi ooo.	Country			Nationality			
Bu	isiness occupation						
Ot	her directorships						
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Directors (see note	Details of new directors must be notified on form 288a										
Please list directors in alphabetical order.							• '	_			
Name * Style / Title * Honours etc						Г	Day	Month	Year		
						Date of birth	11	05	22		
Forename(s)			ERIC	- A	LAN)					
	Surname	BLAC	CKM	AN.							
	Previou	s forename(s)	<u> </u>								
	Previou	us surname(s)	•							,	
Address			Poso C	STTA	GE						
Usual residential			GODMAJSTONE								
address must be given. In the case of a corporation, give the		Post town	DORCH	ester	۷.			,			
registered or principal office address.	Co	ounty / Region	Doese	٢			Postcode	DTS	_ 7A	H	
		Country			,		Nationality	BRITISH			
Ві	occupation	DIECTOR									
Ot	ther dire	ectorships	LAKERS LIMITED								
* Voluntary details.											
		•				· · ·					
Na	ame	* Style / Title						Day	Month	Year	
		* Honours etc	······································			D	ate of birth	10	01	48	
		Forename(s)	PETER	<u> </u>	HKE						
	BLACKMAD										
	Previou	s forename(s)									
	us surname(s)										
Address			9 ROWSTAN GARDENS								
Usual residential			-					***	7		
address must be given. In the case of a		Post town	FRESH	WATE	ER_			,	-		
corporation, give the registered or principal office address.	Co	ounty / Region	ISLÉ	oF	w	CTHT	Postcode	Pour	do c	F	
		Country					Nationality	Br	いていろ		
Ви	FISH & SHELLFISH MERCHANT										
Ot	POFFIN FISHERIES LIMITED										
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