

8+18 00392 363a

Please complete in typescript, or in bold black capitals.

## **Annual Return**

**Company Number** 

01276976



Company Name in full The GLAMORGAN - GWENT

ARCHAEOLOGICALTROST, LTD

Date of this return (See note 1) The information in this return is made up to

Year Month Day 95

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.

Year Month Day

Registered Office (See note 3) Show here the address at the date of this return.

Any change of registered office must be notified on form 287.

Post town

County / Region

Postcode

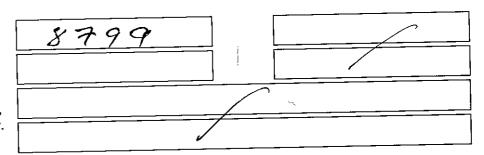
ERR-15 DE WAREHOUSE, BATH SAIIRD

## Principal business activities

(See note 4)

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

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





Form revised March 1995

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

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

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

Register of register of registered office,	members i , state here	s not kept at the	n		N	Postcode	;	
Register of D (See note 6) If there is a regi and it is not kep state here where	ster of del ot at the re it is kept.	penture holders	,		<i>N</i>	Postcode		
Company typ	<b>e</b> (See note	∍ <b>7</b> )						
Public limited comp	any			7				
Private company lin	nited by sha	res						
Private company lin share capital								
Private company lim	ited by shar	es exempt under		Ple	ase mark	the appropriate	box	
Private company lim	nited by gua	rantee exempt						
Private unlimited co	mpany with	share capital						
Private unlimited cor	mpany witho	out share capital		į				
Company Sec	retary (se	e notes 8)	<b></b>	_				
(Please photocopy		,	Details of a ne	w compan	y secreta	ary must be no	tified on form	288a.
this area to provide details of joint secretaries).	Name	* Style / Title	Mist	ER		*Honours etc	B.A.Dip	C.S.M.I.
•		Forename(s)	<u> </u>	ARES	H		<del></del>	
		Surname		OMD				====
* Voluntary details.	Previous	s forename(s)			1			===-
	Previous surname(s)				-	<b>b</b> ·		<del></del>
Address					N	<u> </u>		
			PARC		-//	-0N9	<del></del>	
Usual residential address must be		Post town	NR	1/-				
given. In the case of a corporation, give the registered or principal	Со	ا unty / Region		<u>n</u>	WEL	CY CAR Postcode	SOUTHE	NSHRE
office address.		Country		<del></del> :	<del>==</del> =		SHITE	4KN

Directors (continued	)	Details of new directors must be notified on form 288a									
Na	me * Style / Title			Day	Month	Year					
	* Honours etc		Date of birth								
	Forename(s)										
	Surname		/	<del></del>							
ı	Previous forename(s)										
	Previous surname(s)										
Ad	Idress										
Usual residential address must be	Post town										
given. In the case of a corporation, give the registered or principal	County / Region		Postcode								
office address.	Country		,								
Bu	isiness occupation										
Ot	her directorships	1		<u>.</u>							
* Voluntary details.											
Na	ame * Style / Title		·.	Day	Month	Year					
	* Honours etc		Date of birth			<u> </u>					
	Forename(s)										
	Surname										
	Previous forename(s)										
	Previous surname(s)										
	Address										
Usual residential address must be given. In the case of a	Post town										
corporation, give the registered or principal	County / Region		Postcode	;							
office address.	Country		Nationalit	у							
В	usiness occupation	•									
O	ther directorships										
				<u> </u>							

Directors (see notes 8)  Please list directors in alphabetical order.			Details of new directors must be notified on form 288a									
Name * Style / Title			MISTEUR			Day	Month	Year				
		* Honours etc	7,500	] Da	ate of birth	72	7	2-2				
		Forename(s)	ANDREW, GEOFFREY									
		Surname	MEIN									
	Previo	us forename(s)										
Previous surname(s)  Address												
			BUXTONS HOUSE									
Usual residentia			00		KETS	STR	RES					
address must b given. In the case of corporation, give th	а	Post town		USK	Mo	<u> </u>	30 T6	SHIRS				
registered or principal office address.		ounty / Region			Postcode							
		Country			Nationality	SRITISH						
	Busines	s occupation	REGIRED SOLICIOR									
	Other di	rectorships										
* Voluntary details.	•											
				·-		<u>,                                    </u>						
	Name	* Style / Title	MISTER			Day	Month	Year				
		* Honours etc		Da	te of birth	44						
	Forename(s)			ROBERT								
Surname			TRETT									
	Previous forename(s)											
	Previo	us surname(s)										
Address			31 GOLDEROFF COMMON									
Usual residentia			CAERLEON									
address must be given. In the case of corporation, give the registered or princip office address.	а	Post town	NEWPORT COUNTY									
	e al C	ounty / Region	BOROW	GH	Postcode NP61NG							
		Country			Nationality	BR	2171	sif				
	Business	occupation	MUSEUN	4 C.	RATE	ov?						
	Other dire	ectorships		/		·						
				<del></del>								

**Aggregate** Class Number of (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 per share) at the date of this return. Totals 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. in another format on paper (see note 10) A list of changes is enclosed A full list of members is enclosed If at the date of this return an election is in force to dispense with **Elective resolutions** annual general meetings, mark this box (Private companies only) (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 I certify that the information given in this return is true to the best of my Certificate knowledge and belief. Signed Date 2d211 † a director /secretary † Please delete as appropriate. When you have signed the return send it continuation sheets. This return includes with the fee to the Registrar of Companies. Cheques should be made payable to (enter number) Companies House. Please give the name, address, telephone number, and if available, a DX number and Exchange, for the person Companies House should contact if there is any query. DX number DX exchange

Directors (continued)			Details of new directors must be notified on form 288a									
Name * Style /		* Style / Title					Day	Month	Year			
		* Honours etc			D	ate of birth						
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		Surname		···				<b></b>				
	Previou	s forename(s)						41.				
	Previo	us surname(s)			, <del>, , , , ,</del>							
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given. In the case of a corporation, give the registered or principa	• •	ounty / Region				Postcode						
office address.		Country				   Nationality	,					
	Business	occupation	77974.		/	J	<u> </u>					
Other directorships				/	/	<del>.</del>		.,,				
* Voluntary details				t	-			·•.				
I	Name	* Style / Title					Day	Month	Year			
		* Honours etc										
Forename(s) Surname Previous forename(s) Previous surname(s) Address								/				
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