Package:

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Please complete in typescript

M. West

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or in bold black capitals.	An	nua	al R	et	urr	1		
Company Number	02098653							
Company Name in full	ELRO (	J.K.) I	IMITED					
* F 3 6 3 A F 1 0 *								
	Day	Month	Year					
<b>Date of this return</b> (See note 1)  The information in this return is made up to	31	10	99					
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.	SUITE :	=	ISF 39	- 45	FTNSBI	JRY SQUA		=======================================
Any change of registered office must be notified on form 287.  Post town County / Region Postcode	LONDON EC2A 1			- 43	FINSDO		KE	
Principal business activities (See note 4) Show trade classification code number(s) for the principal activity or activities.	4525				]	9305		
	2811							
If the code number cannot be determined, give a brief description of principal activity	I			· · · · · · · · · · · · · · · · · · ·			·	



Laserform International 9/95

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

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

Page 1

Register of mem							
If the register of member registered office, state							
,							
	Post town						
	County / Region		Postcode				
Register of Debe	enture holders						
If there is a register of and it is not kept at th state here where it is	e registered office,						
	Post town						
	County / Region		Postcode				
Company type	See note 7)						
Public limited company							
Private company limited b	y shares	x					
Private company limited b	y guarantee without						
Private company limited b section 30	y shares exempt under	Please mark the appropriate box					
Private company limited bunder section 30	y guarantee exempt						
Private unlimited company	y with share capital						
Private unlimited company	y without share capital						
Company Secre	tary (See notes 1-5)	Details of a new compa	any secretary must be n	otified on form 288a.			
(Please photocopy Nan	ne * Style / Title		*Honours etc				
this area to provide details of joint	Forename(s)	HEXAGON REGISTRARS LIMITED					
secretaries).	Surname			_			
* Voluntary details	Previous forename(s)						
	Previous surname(s)			<u> </u>			
Address		SUITE 3.5					
Usual residential		CITY GATE HOUSE, 39 - 45 FINSBURY SQUARE,					
address must be given. In the case of a corporation, give the registered or principal office address.	Post town						
	County / Region		Postcode	EC2A 1UU			
,	Country						

Register of mem						
If the register of member registeredoffice, statel	•					
7091010100011100,010101	nore whorekiskept.					
	Post town					
	County / Region		Postcode			
	'					
Register of Debe	enture holders					
(See note 6) If there is a register of	dehenture holders					
and it is not kept at the state here where it is	e registered office,					
	Post town	vn				
	County / Region		Postcode			
Company type	See note 7)					
Public limited company						
Private company limited b	y shares	x				
Private company limited b share capital	y guarantee without					
Private company limited by shares exempt under section 30		Please mark the appropriate box				
Private company limited bunder section 30	y guarantee exempt					
Private unlimited company	y with share capital					
Private unlimited company	y without share capital					
Company Secret	tary (See notes +5)	Details of a new compa	ny secretary must be r	notified on form 288a.		
(Please photocopy Nan	ne * Style / Title		*Honours etc	;		
this area to provide details of joint	Forename(s)	JOHN ALLAN ANDERSON				
secretaries).	Surname	McDONALD				
* Voluntary details	Previous forename(s)					
	Previous surname(s)					
Address		6 BLADES CLOSE				
Harri		ASHSTEAD				
Usual residential address must be given. In the case of a corporation, give the registered or principal	Post town	LEATHERHEAD				
	County / Region	SURREY	Postcode	KT22 7JY		
office address.	Country					
	300/11/3		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			

Directors (See notes		Details of new directors must be	notified on for	m 288a				
Please list directors in	•							
Nam	e * Style / Title			Day	Month	Year		
	* Honours etc		Date of birth	16	11	51		
	Forename(s)	RENE						
	Surname	FOHN						
P	revious forename(s)							
ı	Previous surname(s)							
Address		BACKERSTRASSE 2						
Usual residential address must be			=======================================					
given. In the case of a corporation, give the	Post town	BERIKON						
registered or principal office address.	County / Region		Postcode	8965				
	Country	SWITZERLAND	Nationality	SWISS				
Bu	isiness occupation	MARKETING DIRECTOR						
Ot	her directorships							
* Voluntary details.								
•				-				
Nam Nam	e * Style / Title			Day	Month	Year		
	* Honours etc		Date of birth	12	10	47		
	Forename(s)	ARMIN						
	Surname	ZIMMERMAN						
P	Previous forename(s)							
	Previous surname(s)							
Add	ress	IM LEE 14						
			-					
Usual residential address must be								
given. In the case of a Post tov corporation, give the		ZUFIKON						
registered or principal office address.	County / Region		Postcode	5620				
	Country	SWITZERLAND	Nationality	swiss				
Ві	usiness occupation	CHIEF FINANCIAL OFFICER						
Ot	ther directorships	s /						

Number of Aggregate Class (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) 80,000 £80,000 Ordinary Totals 80,000 £80,000 List of past and present members (Use attached schedule where appropriate) There were no changes in the period 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 X (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. @@-01-0g Signed **Date** TPlease delete as appropriate. Ta 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, FOX WILLIAMS telephone number and, if available, CITY GATE HOUSE a DX number and Exchange, for 39 - 45 FINSBUY SQUARE the person Companies House should LONDON EC2A 1UU contact if there is any query. Tel0171 628 2000 (Ref: JAD.OSB) DX number33873 DX exchange FINSBURY SQUARE, LONDON