642(1)(b) Return of alteration in the directors or secretary of a Part XXIII company or in their L particulars



Photocopies of this form will not be accepted

Please use upper and/or lower case letters intend in Cor Pleas bc

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approp a directo Company number (e.g. FC 099999):

s exactly as you them to appear	N F 0 0 3 0 1 8														
mpany name in Black Ink. e leave a blank	Company name (in full):														
ox to indicate a space.	EARLY LEARNING CENTRE														
ise complete all ining boxes on form legibly, in	L I M I T E D														
ITAL LETTERS and in Black Ink. e leave a blank															
ox to indicate a space. Use a eparate row for h address line.	Appointment														
ase do not fold this form.	Date of appointment (DD/MM/YYYY):														
rn over page for resignation and	0 7 0 8 2 0 0 6 DEPARTMENT OF ENTERPRISE TRADE AND INVESTMENT														
change of particulars.)	Appointment of director 1 3 NOV 2006														
Please mark the priate box. If the oppointment is as or and secretary	Appointment of secretary POST RECEIVED COMPANIES REGISTRY														
nark both boxes.	M R														
* See Note 1	Forenames *:														
	G A V I N S T E W A R T														
	Surname:														
	J O N E S														
* See Note 1	Previous name *:														
	Usual residential address:														
Address Line 1	2 5 T H E D R I V E														
Address Line 2	HENLEAZE														
Post town	BRISTOL														
County/region															
	Postcode:														
	B S 9 4 L D														
	Country:														
	ENGLAND														

642(1)(b) Page 2	642	(1)(b)	Page	2
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	Appointment (continued)	042(1)(b) 1 ago 2												
Please complete all remaining boxes on	Date of birth † (DD/MM/YYYY):													
this form legibly, in CAPITAL LETTERS and in Black Ink.	1 6 0 5 1 9 7 0													
Please leave a blank box to indicate a	Nationality †:													
space. Use a separate row for	BRITISH													
each address line. Please do not fold this form.	Business occupation †:													
	F I N A N C E D I R E C T O R													
	Other directorships †:													
	Yes No													
‡ See Note 2	Other directorships detail ‡:													
	S E E L I S T													
	Consent signature													
	Signed: Date (DD/MM/YYYY):												
	Signed: Date (DD/MM/YYYY)	6												
	A serving director etc. must also sign the form on page 4													
(This includes any form of ceasing to	Resignation													
hold office e.g. death or removal from office.)	Date of resignation (DD/MM/YYYY):													
,	0 3 0 8 2 0 0 6													
Please mark the	Resignation etc. as director													
appropriate box. If resignation etc. is as	Resignation etc. as secretary													
director and secretary mark both boxes.	Forenames *:													
* See Note 1	K I M B E R L E Y L Y N N													
	Surname:	<u></u>												
	Date of birth † (DD/MM/YYYY):													
	1 9 0 2 1 9 6 1													
	If cessation is other than resignation please state reason (e.g. death):													
† Directors only														

Complete this section in all cases where	Change of Particulars	42(1)(b) Page 3													
particulars have changed and then the	Date of change of particulars (DD/MM/YYYY):														
appropriate section below, i.e. Change of name.															
Please mark the appropriate box. If	Change of particulars as director														
change of particulars etc. is as director and secretary mark both	Change of particulars as secretary														
boxes. * See Note 1	Forenames *:														
Names previously notified to	Surname:														
Companies Registry.	Surriame.														
	Date of birth † (DD/MM/YYYY):														
(enter new name).	Change of name:														
* See Note 1	Forenames *:														
	Surname:														
(enter new address).	Change of usual residential address:														
Address Line 1															
Address Line 2															
Post town															
, 66, 16,															
County/region															
Please complete all remaining boxes on this form legibly, in CAPITAL LETTERS and in Black Ink. Please leave a blank box to indicate a space. Use a separate row for	Postcode: Country:														
each address line. Please do not fold															

† Directors only

Change of Particulars (continued)

Please complete all remaining boxes on this form legibly, in **CAPITAL LETTERS** and in Black Ink. Please leave a blank box to indicate a space. Use a separate row for each address line. Please do not fold this form.

Other change (please specify):																															
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	ser Cou							ıry e	etc.	mι	ıst	als	o si	gn	the	for	m t	elc	w												
1	Counter signature A serving director/secretary etc. must also sign the form below Signed: Date (DD/MM/YYYY):																														
Signed:												3 C) e (<i>L</i>	וטנ	2 2	WY C) c	2 1	6												
1	by a	a se	ervir	ng c	dire	cto	r/se	cre	tary	y/a	imb	nis	trat	or/a	adn	nini	stra	tive)										-		

After signing please return the form to: **Companies Registry** 1st Floor, Waterfront Plaza 8 Laganbank Road **Belfast BT1 3LX**

receiver). (Delete as appropriate)

To whom should
Companies Registry
direct any enquiries
about the
information on this

Contact name:

any enquiries about the mation on this	M	A	С	F	Α	R	L	Α	N	Ε	S		(В	R	Α	/	5	6	7	5	5	7)		L.	L_	L		
form?	Address:																													
Address Line 1	1	0		N	0	R	w	I	С	Н		s	Т	R	Е	Е	T													
Address Line 2																														
Post town																														
County/region	L	0	N	D	0	N																								

Tel:

Postcode:

Notes

1. Show all full forenames, NOT INITIALS. If the director or secretary is a Corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential address line.

Give previous forenames or surname except:

- for a married woman the name before marriage need not be given,
- for names not used since the age of 18 or for at least 20
- A peer or an individual known by a title may state the title instead of or in addition to the forenames and surname.

2. In the case of an individual who has no business occupation but holds other directorships, give particulars of them.

Give the name of every company of which the person concerned is a director or has been a director at any time in the past 5 years. Exclude any company which either is, or at any time during the past 5 years when the person was a director, was

- dormant
- a parent company which wholly owned the company making
- a wholly subsidiary of the company making the return
- another wholly owned subsidiary of the same parent company.

DIRECTORSHIPS OF GAVIN STEWART JONES

	Co. number	Appointed
<u>CURRENT</u>		
ELC LIMITED	03108938	07/08/2006
CHELSEA STORES HOLDINGS LIMITED	05071053	07/08/2006
CHELSEA STORES (EBT TRUSTEE) LIMITED	04666271	07/08/2006
CHELSEA STORES LIMITED	03123019	07/08/2006
ELC MERCHANT SERVICES LIMITED	04341135	07/08/2006
ELCI LIMITED	03108740	07/08/2006
EARLY LEARNING (UK) LIMITED	03151635	07/08/2006
EARLY LEARNING LIMITED	01103663	07/08/2006
EARLY LEARNING CENTRE LIMITED	00102194	07/08/2006
EARLY LEARNING HOLDINGS LIMITED	04189976	07/08/2006