

Please complete in typescript, or in bold black capitals.
CHFP001

## **Annual Return**

363a

FEE PAID

			-
Con	npany Number	61224	EDINBURGH
Compan	y Name in full	GAELIC ASSIGNMENTS LIMITED	
		1	
		Day Month Van	
Date of this return The information in this return is made up to		Day Month Year	
		$\frac{1}{5} \frac{5}{10} \frac{5}{12} \frac{0}{0} \frac{0}{13}$	
Date of next return			
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	
		<u>/</u>	
Registered Office Show here the address at the date of this return.		,Finlay House	
			<u> </u>
		10-14 West Nile Street	
Any change of registered office	Post town	Glasgow	
must be notified on form 287.	County / Region		
on 10mm 287.	I IK Postcode	G 1 2 P D	
	OK F Ostobue	$\begin{bmatrix} G & 1 \\ \end{bmatrix} \begin{bmatrix} L & L \end{bmatrix} \begin{bmatrix} 2 & P & P \\ \end{bmatrix}$	
Principal business	activities		
-			
Show trade classification code number(s) for the principal activity or activities.		8629	<u> </u>
IKAL	_4 la _ d_4		<u> </u>
If the code number cannot be determined, give a brief description of principal activity.			



Form April 2002

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

Companies House, Crown Way, Cardiff, CF14 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 me registered office, st	mbers is		L			
		Post town				
				<u></u>		
	C	county / Region			UK Postcode	
Register of Dek If there is a register or a duplicate of an of it, which is not i office, state here wh	of debe y such re kept at t	nture holders, egister or part he registered	<u> </u>			
County / Region		<u> </u>		UK Postcode	<u> </u>	
Company type						
Public limited company						
Private company limite	ed by sha	res	X			
Private company limite share capital	ed by gua	rantee without				
Private company limite section 30	ed by shar	res exempt under		Plea	se tick the appropriate box	
Private company limite under section 30	ed by guar	rantee exempt				
Private unlimited comp	oany with	share capital				
Private unlimited comp	oany with	out share capital	_			
Company Secr	etary		Details of a new	compan	y secretary must be notified on	form 288a.
(Please photocopy this area to provide details of joint sec-	Name	* Style / Title	Mr I			
retaries).		Forename(s)	John Menzies Ritch	iie		
* Voluntary details.  †† Tick this box if the address shown is a		Surname	DOYLE		C.A.	
service address for the beneficiary of a	A	ddress ††	34 Logan Avenue			
Confidentiality Order granted under section 723B of the		ļ	Newton Meams			
Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or		Post town	Glasgow			
	C	ounty / Region			UK Postcode G 7 7	6 L Z
Scottish firm, give the registered or principal office address.		Country				
If a partnership give the names and addresses of the partners or the name of the partnership and office address.			61224			

Directors		Details of new directors must be notified on form 288a			
Please list directors in alphabetical order.					
	lame * Style / Title	Mr			
<b>Directors</b> In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	ì	Day Month Year			
	Date of birth	<u> </u>			
tt Tiale this have if the	Forename(s)	John Menzies Ritchie			
address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985	Surname	DOYLE C.A.			
	Address #	34 Logan Avenue			
		Newton Mearns			
otherwise, give your usual residential address. In the case	Post town	Glasgow			
of a corporation or Scottish firm, give the registered or principal	County / Region	UK Postcode G 7 7 6 L Z			
office address.	Country	Nationality BRITISH			
В	usiness occupation	Chief Operating Officer			
* Voluntary details.					
Name * Style / Title		MR			
<b>Directors</b> In the case of a director that is a corporation or a		Day Month Year			
Scottish firm, the name is the corporate or firm name.  Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section		$\frac{2}{4} \frac{4}{5} \frac{0}{5} \frac{5}{1} \frac{9}{5} \frac{6}{8}$			
	Forename(s)	Robin Andrew			
	Surname	RUSSELL			
	Address <sup>††</sup>	1 Cormorant Avenue			
723B of the Companies Act 1985		1			
otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.	Post town	Houston			
	County / Region	Renfrewshire UK Postcode P A 6 7 L G			
	Country	Nationality BRITISH			
5		Managing Director			

Issued share capital Enter details of all the shares in issue at the date of this return.	(e.g. Ordinary)Prelevence)	snares Issued	(i.e Number of shares issued multiplied by nominal value per share, or total amount of stock)
	ORDINARY L	4	£4
	L	t	_
	L	l	L
	Totals	4	£4
List of past and present shareholders (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two	There were no changes	in the period X	
returns.		on paper	in another format
	A list of changes is enclo		
	A full list of shareholders	s is enclosed	
Certificate	I certify that the informat knowledge and belief.	ion given in this return i	is true to the best of my
Signed	Jam une	Date Date	09/06/2003
† Please delete as appropriate	† a director / secretary		
When you have signed the return send it with the fee to the Registrar of Companies Cheques should be made payable to Companies House.	i nis return include	(enter number)	tinuation sheets.
You do not have to give any contact information in the box opposite but if you do, it will help Companies House to	John M R Doyle		
contact you if there is a query on the	Finlay House		

Class

(e.g. Ordinary/Preference)

Number of

shares issued

Aggregate

**Nominal Value** 

DX number |

10-14 West Nile Street, Gla

Tel \_\_\_\_\_0141-248 5100 Ref:Assignment Company

DX exchange

public record.

form. The contact information that you

give will be visible to searchers of the