

Company Number

Please complete in typescript, or in bold black capitals.

288a

APPOINTMENT of director or secretary (NOT for resignation (use Form 288b) or change

of particulars (use Form 288c))

When you have completed and signed the form please send it to the

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX 33050 Cardiff

DX 235 Edinburgh

Companies House, Crown Way, Cardiff, CF4 3UZ

for companies registered in England and Wales

for companies registered in Scotland

| Company Name in full | W. EADEN LILLEY CO LIMITE | خ. | | | | | | | | |
|--|---|---------------------------|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
| | Day Month Year | Day Month Year | | | | | | | | |
| *F288AU18* appoint | ment 0/ 07 96 †Date of Birth | 18. 03 50 | | | | | | | | |
| Appointment Appointment as director | as secretary Please mark the appropriate box. If appointment is as a director and secretary mark both boxes. | | | | | | | | | |
| form NAME *Style / Title | *Honours etc | | | | | | | | | |
| Notes on completion appear on reverse. Forename(s) | PATRICIA ELIZABETH | | | | | | | | | |
| Surname | RICHARDS | | | | | | | | | |
| Previous Forename(s) | Previous Surname(s) CAMPING. | | | | | | | | | |
| Usual residential address | 19, PERNE AVENUE | | | | | | | | | |
| Post town | CAMBAIACE Postcode | CBI IRY | | | | | | | | |
| County / Region | CAMBRIDGESHIRE. Country | ENGLANS | | | | | | | | |
| [†] Nationality | †Business occupation COMPANY AIRECTOR | | | | | | | | | |
| †Other directorships (additional space overleaf) | | | | | | | | | | |
| (additional space eventual) | I consent to act as ** director / secretary of the above named company | | | | | | | | | |
| Consent signature * Voluntary details. | PE hunds Date | 12 M November 1996. | | | | | | | | |
| † Directors only. | A director, secretary etc must sign the form be | elow. | | | | | | | | |
| Signed | | 12ª November 198 | | | | | | | | |
| ** Please delete as appropriate | (**a director / secretary / administrator / administrative-receiver / rec | eiver manager / receiver) | | | | | | | | |
| Please give the name, address, telephone number and, if available, | CROWCH CHARMAN, (Ref ANC/7M/424) STMARTINS MOUSE, | | | | | | | | | |
| a DX number and Exchange of the person Companies House should contact if there is any query. | ESSEX COLLHE TEL 01206 573048 | | | | | | | | | |
| | DX number DX exchange | | | | | | | | | |

Registrar of Companies at:

00030736

Form revised March 1995

COMPANIES HOUSE 20/11/96

| | Company Number | | <u>,</u> | | | | | · · · · · · · · · · · · · · · · · · · |
|-------------------|----------------------------------|---|----------|------|------|---|------|---------------------------------------|
| † Directors only. | [†] Other directorships | | | | | | | |
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NOTES

Show the 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 line.

Give previous forenames or surname(s) except:

- for a married woman, the name by which she was known before marriage need not be given.
- for names not used since the age of 18 or for at least 20 years

A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was known before he or she adopted the title or preceded to it.

Other directorships.

Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.

You may exclude a company which either is, or at all times during the past five years when the person concerned was a director, was

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