

Please complete in typescript, or in bold black capitals.

009125

363a

Annual Return

CH	FΡ	029

**Company Number** 

224504		
324504		

**Company Name in full** 

XRO Limited	 		

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

	4,5	14101	1611	'	Cai		
2	1	0	3	2	0	0	0

Vear

Day Month

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	
2  1	0 3	2 0	0   1

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

6, CONNA	UGHT PLAC	CE			
LONDON V	√2 2EZ				
			·	 	

## 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.

	į	
HOLDING COMPANY		



**COMPANIES HOUSE** Form revised July 1998

egistrar of Companies at: ompanies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff r companies registered in England and Wales

ompanies House, 37 Castle Terrace, Edinburgh, EH1 2EB r companies registered in Scotland DX 235 Edinburgh

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

Page 1

Register of no If the register of mer registered office, sta	mbers is not	kept at the					
		Post town					
	С	ounty / Region				Postcode	
Register of D (See note 6) If there is a register and it is not kept at t	of debenture	holders					
state here where it is		a onice,			***		
		Post town					
	С	ounty / Region				Postcode	
Company typ	<b>)e</b> (See not	'e 7)					
Public limited company	1						
Private company limite	d by shares		X				
Private company limite share capital	d by guarante	e without					
Private company limite section 30	d by shares ex	kempt under		Pleas	se mark the	appropriate box	
Private company limite under section 30	d by guarantee	e exempt					
Private unlimited comp	any with share	e capital					
Private unlimited comp	any without sh	nare capital					
Company Se	cretary	see notes 1-5)	Details of a new	/ compan	y secretary	must be notific	ed on form 288a.
(Please photocopy this area to provide details of joint	Name	* Style / Title	MR			*Honours etc	
secretaries).		Forename(s)	MICHAEL JOHN				
* Voluntary details.		Surname	BARRETT				
•	Previou	ıs forename(s)					
	Previo	us surname(s)					
	Address		55 VINEYARD HIL	L ROAD			
Usual residenti address must be given. In the case	<b>;</b>	Post town	WIMBLEDON				
corporation, give t registered or princ office address.	he	ounty / Region	LONDON			Postcode	SW19 7JL
onice address.		Country					

DIFECTORS (see notes 1		Details of new director	s must be notified on	torm 2	288a			
Please list directors in a	•	MR	]					
Name	* Style / Title	, , , , , , , , , , , , , , , , , , , ,	1	Day	Month	Year	Γ	
	* Honours etc		Date of birth	1  9	0 6	1 9	5	9
	Forename(s)	MICHAEL JOHN						
	Surname	BARRETT						
Pr	revious forename(s)							
Р	revious surname(s)							
Addres	ss	55 VINEYARD HILL ROAD						
Usual residential								
address must be given. In the case of a	Post town	WIMBLEDON	<u> </u>					
corporation, give the registered or principal office address.	County / Region	LONDON	Pos	stcode	SW19 7	7JL		
onice address.	Country		Natio	nality	BRITISI	Н		
Busine	ess occupation	BARRISTER						
Other	directorships	XEROX COMPUTER SERVICES LIMITED						
* Voluntary details.								
			7					
Name	* Style / Title	MR		Day	Month	Year	Г	
	* Honours etc		Date of birth	2 5	0 7	1  9	5	0
	Forename(s)	CHARLES PHILLIPS						
	Surname	GILLIAM						
Pr	revious forename(s)				·			
P	Previous surname(s)							
Addres	ss	10 LITTLE RIVER LANE						
Usual residential address must be								
given. In the case of a corporation, give the	Post town	REDDING						
registered or principal office address.	County / Region	CONNECTICUT	Pos	tcode	06897			
	Country		Natio	nality	USA			
Busine	ess occupation	LAWYER						
Other	directorships	NO OTHER DIRECTORSHI	PS					

Please list direct			Details of new director	s must de notified o	n torm .	288a.				
	Name	* Style / Title	MR		Day	Month	v	ear		
		* Honours etc		Date of birth		0 8	1		5	9
		Foreneme(s)	NEIL STUART	, , , , , , , , , , , , , , , , , , ,						
					<del></del>					
		Surname	MACKINTOSH							
	Pre	vious forename(s)								
		Previous surname								
	Address	5	29 PRIORY ROAD, KEW							
Usual resident	tial									
address must b	oe	Post town	SURREY							
given. In the case corporation, give		County / Region		Po	stcode	74/0 0				
registered or prir office address.					Stoode	TW9 3	טע		-	
office address.		Country	ENGLAND							
	Nationa	lity	BRITISH							
	Busines	ss occupation	ACCOUNTANT							
	Other di	irectorships	NO OTHER DIRECTORSHI	PS						
				· · · · · · · · · · · · · · · · · · ·						
	Name	* Style / Title	MR		Day	Month	Y	ear		
	Name	* Style / Title * Honours etc	MR	Date of birth		Month	Y		5	0
	Name	·	MR  DAVID NICHOLAS	Date of birth		T			5	0
	Name	* Honours etc		Date of birth		T			5	0
		* Honours etc Forename(s)	DAVID NICHOLAS	Date of birth		T			5	0
	Pre	* Honours etc Forename(s) Surname	DAVID NICHOLAS	Date of birth		T			5	0
	Pre	* Honours etc Forename(s) Surname vious forename(s) Previous surname	DAVID NICHOLAS			T			5	0
	Pre Address	* Honours etc Forename(s) Surname vious forename(s) Previous surname	DAVID NICHOLAS  MAW			T			5	
Usual resident address must b	Pre Address tial	* Honours etc Forename(s) Surname vious forename(s) Previous surname	DAVID NICHOLAS  MAW			T			5	
Usual resident	Pre Address tial pe e of a the	* Honours etc Forename(s) Surname vious forename(s) Previous surname	DAVID NICHOLAS  MAW  SOUTH BARN, BRIGHTWE	ELL-CUM-SOTWELL		T	1		5	
Usual resident address must be given. In the case corporation, give	Pre Address tial pe e of a the	* Honours etc Forename(s) Surname vious forename(s) Previous surname	DAVID NICHOLAS  MAW  SOUTH BARN, BRIGHTWE	ELL-CUM-SOTWELL	2   0	1 2	1		5	
Usual resident address must be given. In the case corporation, give registered or print office address.	Pre Address tial pe e of a the	* Honours etc Forename(s) Surname vious forename(s) Previous surname  Post town County / Region Country	DAVID NICHOLAS  MAW  SOUTH BARN, BRIGHTWE	ELL-CUM-SOTWELL	2   0	1 2	1		5	
Usual resident address must be given. In the case corporation, give registered or print office address.	Address tial be e of a the ncipal	* Honours etc Forename(s) Surname vious forename(s) Previous surname  Post town County / Region Country	DAVID NICHOLAS  MAW  SOUTH BARN, BRIGHTWE  WALLINGFORD  OXON	ELL-CUM-SOTWELL Po	2   0	1 2	1		5	
Usual resident address must be given. In the case corporation, give registered or print office address.	Address  tial De e of a the ncipal  National	* Honours etc Forename(s) Surname vious forename(s) Previous surname Post town County / Region Country	DAVID NICHOLAS  MAW  SOUTH BARN, BRIGHTWE  WALLINGFORD  OXON  BRITISH	Po	2   0	1 2	1		5	

Issued share capital (see note 9) Enter details of all the shares in issue at the date of this return.	Class (e.g. Ordinary/Preference)	Number of shares issued	Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share)
	CONVCUMREDPREFSTG	227,552,614	£ 45,510,522.80
	CONVPREF \$ SHARE	227,552,614	US\$ 2,275,526.14
	ORDINARY .10P	838,340,334	£ 83,834,033.40
	US .01	838,340,334	US\$ 8,383,403.34
	Totals		
List of past and present members (Use attached schedule where appropriate) A full list is required if one was not	There were no changes	in the period	
included with either of the last two returns. (see note 10)	A list of changes is enclo	on paper	in another format
	A full list of members is	enclosed X	
Elective resolutions (Private companies only) (See note 11)	If at the date of this retur	n an election is in force t annual general meeting	
	If at the date of this retur laying acco	n an election is in force t unts in general meeting	
Certificate //	I certify that the informati knowledge and belief.	ion given in this return is	true to the best of my
Signer	t a-director/secretary Diffe	Date	17 April 2000
† Please delete as appropriate.	Ta director/sacronary		
When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to Companies House.	This return includes	(enter number)	ontinuation sheets.
Please give the name, address, telephone number, and if available,	MR MICHAEL JOHN BARRETT, XE	EROX LIMITED, RIVERVIEW, OXFO	DRD ROAD, UXBRIDGE, MIDDLESEX,
a DX number and Exchange, for the person Companies House should contact if there is any query.	UB8 1HS	T-1	
	DX number	Tel  DX exchange	



Please complete in typescript, or in bold black capitals.

## List of past and present members Schedule to form 363a, 363b

CHFP029								
Company Number	324504							
Company Name in full	XRO Limited							
Name and address	Number of shares Particulars of shares or stock transferred since or amount of the date of the last return (or in the case of the stock held by first return, since the incorporation of the existing members company) by at date of this (a) persons who are still members, and return. (b) persons who have ceased to be members.  Number or Number or Date of amount amount registration currently held Transferred of transfer							
XEROX OVERSEAS HOLDINGS LIMITED BRIDGE HOUSE, OXFORD ROAD, UXBRIDGE, MIDDLESEX, UBB 1HS	ConvCumRedPr efStg 227,552,614							
XEROX OVERSEAS HOLDINGS LIMITED BRIDGE HOUSE, OXFORD ROAD, UXBRIDGE, MIDDLESEX, UB\$ 1HS	ConvPref \$ Share 227,552,614							
XEROX OVERSEAS HOLDINGS LIMITED BRIDGE HOUSE, OXFORD ROAD, UXBRIDGE, MIDDLESEX, UBB 1HS	Ordinary .10p 838,340,334							
XEROX OVERSEAS HOLDINGS LIMITED BRIDGE HOUSE, OXFORD ROAD, UXBRIDGE, MIDDLESEX, UB8 1HS	US .01 838,340,334							