

CTSB \$120x8 363a

Please complete in typescript, or in bold black capitals.

Annual Return

CHFP055

Company Number 548141 Company Name in full WHITE VAN LINES LIMITED Date of this return (See note 1) Day Month Year The information in this return is made up to 0 6 0 8 0 0 : Date of next return (See note 2) If you wish to make your next return to a date earlier than the anniversary Day Month Year of this return please show the date here. Companies House will then send a form 2 6 0 8 0 at the appropriate time. Registered Office (See note 3) **CHARTER COURT** Show here the address at the date of THIRD AVENUE this return. Any change of registered office SOUTHAMPTON Post town must be notified County / Region **HAMPSHIRE** on form 287. **SO15 0AP** Postcode **Principal business activities** (See note 4) Show trade classification code number(s) 6024 for the principal activity or activities.

If the code number cannot be determined, give a brief description of principal activity.



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 member	rs (See note 5)				
If the register of members registered office, state he					
	Post town				
	County / Region		Postcode		
		,		,	
Register of Debents (See note 6)	ure holders				
If there is a register of de and it is not kept at the re state here where it is kep	egistered office,				
	Post town				
	County / Region		Postcode		
Company type (See	note 7)	_			
Public limited company	,	:			
Private company limited by	shares	<u> </u>			
Private company limited by share capital	guarantee without				
Private company limited by under section 30	shares exempt		Please mark the app	ropriate box	
Private company limited by exempt under section 30	guarantee				
Private unlimited company	with share capital				
Private unlimited company	without share capital				
Company Secretary	(See notes 8)	Details of a new company	secretary must be no	otified on form 288a.	
(Please photocopy this area to provide Name	* Style / Title	:	* Honours etc		
details of joint secretaries).	Forename(s)	DAVID ANTHONY			
	Surname	HOARE			
* Voluntary details. Pr	evious forename(s)			- Addition	
Р	revious surname(s)				
Addre	SS	MEADOW COTTAGE			
		MILL LANE			
		ABBOTS WORTHY			
Usual residential address must be	Post town	WINCHESTER			
given. In the case of a corporation, give the	County / Region	HAMPSHIRE	Postcode	SO21 1DS	
registered or principal office address.	Country	England			

Directors (See note			Details of new direct	ctors m	ust be notif	ied on fo	rm 288	a.		
Please list directors in a	Iphabet	ical order.								
Nar	ne	* Style / Title				Day	Month		Ye	ar
		* Honours etc			Date of birth	1 0	0 8	1	9	1 9
		Forename(s)	CUTHBERT SAMU	EL						
		Surname	ELLIOTT						- .	 -
	Previo	us forename(s)								•
	Previo	ous surname(s)								HAT
Address		ENBORNE GATE								
			61 FIFTH ROAD	······································				•		<u>-</u>
Usual residential		*		··						
address must be given. In the case of a		Post town	NEWBURY	=======================================	: 					
corporation, give the registered or principal		County / Region	BERKS		F	ostcode	RG14	6DT		
office address.		Country			Na	tionality	BRITIS	Н		
Business occupation			COMPANY DIRECTOR							
	Othe	er directorships	(See continuation sheet).							
* Voluntary details.										
Naı	me	* Style / Title				Day	Month		Ye	ear
		* Honours etc			Date of birth		T		9	2 4
Forename(s)		GEOFFREY RICHARDS								
Surname			HALLIWELL							
Previous forename(s)		-								
	Previ	ous surname(s)			-					
Address		23 DOWNS ROAD							=======================================	
		SOUTH WONSTON								
Heual residential		4								
Usual residential address must be given. In the case of a corporation, give the registered or principal		Post town	WINCHESTER							
		County / Region	HANTS		ļ	ostcode	SO21 3	EU		
office address.		Country	; ; ;		Na	tionality	BRITIS	Н		
	Busin	ess occupation	COMPANY DIRECTO	DR						
Other directorships			(See continuation sheet).							

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)

	Ordinary Shares Each	Of £1	10,0	£10,000.00
		:		
.				
•	Totals	3	10,0	00 £10,000.00
List of past and present memb Use attached schedule where appropriate) A full list is required if one was not		no changes in the	period 🗸	
ncluded with either of the last two return		The onlinges in the	politica	
see note 10)			on pape	r in another format
	A list of cha	nges is enclosed		
	A full list of	members is enclos	ed	:
Elective resolutions (Private companies only)	If at the date	e of this return an e annua	lection is in force I general meeting	•
see note 11)	If at the date	e of this return an e laying accounts ir		
Certificate	I certify that knowledge		en in this return i	s true to the best of my
Sig	ned eu	there	Date	7-8-2000
Please delete as appropriate.	† a -directo r/s	secretary		
When you have signed the return se with the fee to the Registrar of Comp Cheques should be made payable to Companies House.	anies.	s return includes	3 (enter number)	continuation sheets.
Please give the name, address, elephone number, and if available, a DX number and Exchange, for he person Companies House should contact if there is any query.	BURNETT CHARTER THIRD AV SOUTHAN SO15 0AP	COURT ENUE IPTON	·	

Directors (Continu	ed)	Details of new directors must be notified o	n form 288a.					
Please list directors in a	alphabetical order.							
Na	me * Style / Title	D	ay Month Year					
	* Honours etc	Date of birth 0	9 1 2 1 9 2 7					
	Forename(s)	MICHAEL						
	Surname	HOWSON-GREEN						
	Previous forename(s)							
	Previous surname(s)							
Address		48/49 BRAMPTON TOWER						
		BASSETT AVENUE	BASSETT AVENUE					
Usual residential								
address must be given. In the case of a	Post town	SOUTHAMPTON						
corporation, give the registered or principal office address.	County / Region	HANTS Postco	ode SO16 7FB					
	Country	Nationa	lity BRITISH					
	Business occupation	CHARTERED ACCOUNTANT						
	Other directorships	(See continuation sheet).						
* Voluntary details.								
Name * Style / Title		D	ay Month Year					
	* Honours etc	Date of birth						
	Forename(s)							
Surname Previous forename(s)								
Previous surname(s)								
Ac	ldress							
			<u></u>					
Usual residential address must be	Post town							
given. In the case of a corporation, give the	County / Region	Postc	ode					
registered or principal office address.	Country	Nationa						
	Business occupation		<u> </u>					
	Other directorships							