

Please complete in typescript, or in bold black capitals.

CHFP010

Company Number

Company Name in full

NAT 1058	363 8	}
15		

Annual I	Return
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560971			
HUNTING TECHNICAL SERVICES	LTD		

Date of this return (See note 1)

The information in this return is made up to

Date of next return (See note 2)
If you wish to make your next return to a date earlier then the anniversary of this return please show the date here.
Companies House will then send a form at the appropriate time.

Registered Office (See note 3)
Show here the address at the date of this return.

Any changes of registered office **must** be notified on form 287.

Post town

County / Region

Postcode

D	ay	Mo	nth		Ye	ear_	
2	4	٥	9	1	9	9	9

Day	Month	Year
	_1	

WESTMERE	DRIVE	·	 	 	
			 	 	_
CREWE			 <u></u>	<u> </u>	

CHESHIRE

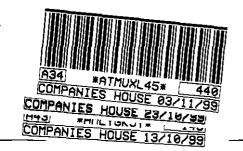
CW1 6ZY

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.



7484				
		<u></u>	 <u> </u>	·

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

Companies House, Crown Way, Cardiff, CF4 3UZ for companies registered in England and Wales

DX 33050 Cardiff

ОГ

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

Register of members		·					
not kept at the registered office, state here where it	is						
k ept.	Post town						
	County / Region		Postcode				
Register of Debentu	re holders						
If there is a register of debenture holders and it is	s n∩t						
kept at the registered office state where it is kept.							
state where it is kept.	County / Region		Postcode				
Company type (Se	e note 7)						
Public limited company							
Private company limited b	y shares						
Private company limited by without more capital	y guarantee						
Private company limited b	y shares	Please mark the appropriate box					
exempt under section 30 Private company limited b	y guarantee						
exempt under section 30 Private unlimited company	y with share						
capital Private unlimited company	v without share						
c apital	,						
		Details of a new company secr	etary must be notified on form 288a.				
Company Secretary Name	(See notes 1-5) * Style / Title		* Honours etc				
(Please photocopy this area to provide	Forename(s)						
details of joint		LAWRENCE DAVID					
secretaries).	Surname	FAIRALL					
* Voluntary details. Prev	vious forename(s)						
Pre	vious surname(s)						
Address		2 FOURSEASONS CLOSE, WI	STASTON				
Usual residential addres must be given. In the	S						
case of a corporation, give the registered or	Post town	CREWE					
principal office address.	County / Region	CHESHIRE	Postcode				
	Country						
Company Secretarial and Compliance Software			Page 2				

Directors (See notes 1-5)	•	Details of new directors must	t be not	tified	on foi	m 288a		
Please list directors in alphabetical order. Name * Style /	Title	MR	\neg					
				ite of [Day	Month	1	Year
* Honours	s etc	Birth 0 1 1 2 1 9 4 4						
Forenam	ıe(s)	RICHARD KENNETH						
Surna	ame	WOOD						
Previous forenam	ne(s)							
Previous surnam	ne(s)							-
Address		39 ASTRA COURT, HYTHE	MARIN	A				
Usual residential address must be given. In the						, ž		
case of a corporation, post t	town	SOUTHAMPTON		,a '				
principal office address. County / Re	gion		, and a	Post	code	SO45	6DZ	
Cou	ıntry		I	Natior	nality	BRITI	SH	
Business occupa	tion	CHIEF EXECUTIVE						
Other directors	hips	See attached schedule						
* Voluntary details.								
Name * Style /	Title	MR	7		Day	Month	ı	Year
* Honours	s etc		l l	te of Birth	2 5			9 4 0
Forenam	ie(s)	THOMAS						
Surna	ame	KELLY				·		
Previous forenam	ie(s)	A- 31 - NO			a de la companya de			
Previous surnam	ıe(s)			J				
Address		OVERMEAD, ALKINGTON ROAD						
Usual residential address must be given. In the								
case of a corporation, post to give the registered or	own	WHITCHURCH						
principal office address. County / Re	gion	SHROPSHIRE		Post	code	SY13	1TE	
Cou	intry			Nation	ality			
Business occupa	tion	AXIENT DIRECTOR						
Other directors	hips	See attached schedule						
A CONTRACTOR						· · ·		
Company Secretarial and Companies exoliware	J							Page

Directors (See notes 1- Please list directors in alphab	etical order.	Details of new directors must be		m 288a
Name	* Style / Title		Day	Month Year
	* Honours etc	· .	Date of O	3 0 6 1 9 4 1
	Forename(s)	THOMAS MARSHALL		
	Surname	воур		
Prev	vious forename(s)			
Pre	vious surname(s)			
Addres	ss	GORDON HOUSE, FERN LANE		
Usual residential address	ss			Control and the second
case of a corporation, give the registered or	Post town	HADDENHAM	, and the second	
principal office address.	County / Region	BUCKS	Postcode	HP17 8EL
	Country		Nationality	
Buşi	ness occupation	AGRICULTURIST		
Oth	ner directorships	None		
*Voluntary details.				
Name	* Style / Title	MR	_	
	-1,		Day	Month Year
	* Honours etc		Day Date of Birth	Month Year 2 0 3 1 9 5 8
	•	THOMAS PHILIP	Date of	
	* Honours etc	THOMAS PHILIP ACTON	Date of	
Prev	* Honours etc Forename(s)		Date of	
	* Honours etc Forename(s) Surname		Date of	
	* Honours etc Forename(s) Surname vious forename(s) evious surname(s)		Date of Birth 2 2	2 0 3 1 9 5 8
Pre Addres Usual residential addres	* Honours etc Forename(s) Surname vious forename(s) evious surname(s)	ACTON	Date of Birth 2 2	2 0 3 1 9 5 8
Addres Usual residential addres must be given. In the case of a corporation,	* Honours etc Forename(s) Surname vious forename(s) evious surname(s)	ACTON	Date of Birth 2 2	2 0 3 1 9 5 8
Addres Usual residential addres must be given. In the	* Honours etc Forename(s) Surname vious forename(s) evious surname(s) ss	ACTON THE OLD SHOP FARM, ASTON	Date of Birth 2 2	2 0 3 1 9 5 8
Addres Usual residential addres must be given. In the case of a corporation, give the registered or	* Honours etc Forename(s) Surname vious forename(s) evious surname(s) ss Post town	ACTON THE OLD SHOP FARM, ASTON- NORTHWICH	Date of Birth 2 2 2	2 0 3 1 9 5 8
Address Usual residential address must be given. In the case of a corporation, give the registered or principal office address.	* Honours etc Forename(s) Surname vious forename(s) evious surname(s) ss Post town County / Region	ACTON THE OLD SHOP FARM, ASTON- NORTHWICH	Date of Birth 2 2 2	2 0 3 1 9 5 8
Address Usual residential address must be given. In the case of a corporation, give the registered or principal office address. Busi	* Honours etc Forename(s) Surname vious forename(s) evious surname(s) ss Post town County / Region Country	ACTON THE OLD SHOP FARM, ASTON- NORTHWICH CHESHIRE	Date of Birth 2 2 2	2 0 3 1 9 5 8
Address Usual residential address must be given. In the case of a corporation, give the registered or principal office address. Busi	* Honours etc Forename(s) Surname vious forename(s) evious surname(s) ss Post town County / Region Country ness occupation	ACTON THE OLD SHOP FARM, ASTON NORTHWICH CHESHIRE FINANCE DIRECTOR	Date of Birth 2 2 2	2 0 3 1 9 5 8

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 issued shares	Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share)
CRITTARY		1,400,000	
	Totals	1,4.00,000	1,400,000
List of past and present members (use satisfied schedule where appropriate)	There were no changes	s in the period X	\neg
A full list is required if one was not included. With either of the last two	There were no changes	on pa	 per in another format
returns. (See note 10)	A list of changes is enc	elosed	
	A full list of members is	s enclosed X	·
Elective Resolutions (Prince on monies only)		eturn an election is in fo annual general meetings	· · · · · · · · · · · · · · · · · · ·
Comment)		eturn an election is in fo unts in general meetings	·
Certificate	I certify that the inform		turn is true to the best of
Signed			nte 11. 10 . 99
† Please delete as appropriate.	† a director / secretary		<u> </u>
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 inc	ludes (enter number)	continuation sheets.
Please give the name, address, telephone number and, if available, a DX number and		semore Dr	ive, Crewe
Explanation of the person Companies House section and act if there is any query.	Chedrice	Tel	
##• - • · · • · · · · · · · · · · · · · ·	DX number	DX exchange	