

for the recivil —

Please complete in typescript, or in bold black capitals.
CHWP000

# 288a

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

| CHWP000   | of particulars (use Form 288c))   |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|
| Company Number                                      | 896298  |  |  |  |  |  |  |  |  |
| Company Name in full                                | TURNERS INFORMATION SERVICES  |  |  |  |  |  |  |  |  |
|   | LIMITEO   |  |  |  |  |  |  |  |  |
| Date of   | Day         Month         Year         Day         Month         Year           0 1 0 2 2 0 0 2         *Date of Birth         0 3 0 7 1963 |  |  |  |  |  |  |  |  |
| appointment Appointment as director                 | as secretary  Please mark the appropriate box. If appointment is as a director and secretary mark both boxes.                               |  |  |  |  |  |  |  |  |
| <b>form</b> NAME *Style / Title Notes on completion | *Honours etc  |  |  |  |  |  |  |  |  |
| appear on reverse. Forename(s)                      | JANE  |  |  |  |  |  |  |  |  |
| Surname   | BURGESS   |  |  |  |  |  |  |  |  |
| Previous<br>Forename(s)                             | Previous<br>Surname(s)  |  |  |  |  |  |  |  |  |
| Usual residential<br>address                        | 14 PARK VIEW ROAD, CMAPETOWN  |  |  |  |  |  |  |  |  |
| Post town   | SMETTELD Postcode 535 IWL.  |  |  |  |  |  |  |  |  |
| County / Region                                     | SOUTH YORUSHIRE COUNTRY ENGLAND   |  |  |  |  |  |  |  |  |
| <sup>†</sup> Nationality                            | BKITISH TBusiness occupation AccounTANT   |  |  |  |  |  |  |  |  |
| †Other directorships (additional space overleaf)    |   |  |  |  |  |  |  |  |  |
| Consent signature                                   | I consent to act as ** director / secretary of the above named company  Date  11-2-2002   |  |  |  |  |  |  |  |  |
| * Voluntary details.<br>† Directors only.           | A director, secretary etc must sign the form below.   |  |  |  |  |  |  |  |  |
| **Delete as appropriate  Signed                     | Date 10.2.2002  |  |  |  |  |  |  |  |  |
| <u> </u>  | (**a director / sepretary / administrator / administrative receiver / receiver manager / receiver)  |  |  |  |  |  |  |  |  |
| Please give the name, address,                      | LINS JANE BURGESS MTURNER OSAN LID  |  |  |  |  |  |  |  |  |
| telephone number and, if available,                 | EUROPA DRIVE, SMETTICO  |  |  |  |  |  |  |  |  |
| the<br>CO (male of male)                            | S9 1XT Tel 0114 2200208.  |  |  |  |  |  |  |  |  |
|   | DX number DX exchange   |  |  |  |  |  |  |  |  |
| COMPANIES HOUSE 20/02/02                            | When you have completed and signed the form please send it to the Registrar of Companies at:  |  |  |  |  |  |  |  |  |

Companies House, Crown Way, Cardiff, CF14 3UZ

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

for companies registered in England and Wales

for companies registered in Scotland

0809

13/02/02

**COMPANIES HOUSE** 

Form revised July 1998

DX 33050 Cardiff

DX 235 Edinburgh

| •                 | Company Number       | 896298 |      |
|-------------------|----------------------|--------|------|
| † Directors only. | †Other directorships |        | <br> |
|                   |                      |        |      |
| ·                 |                      |        |      |
|                   |                      |        |      |
|                   |                      |        | <br> |

#### 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 succeeded 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.



by Companies House.

Form revised July 1998

Please complete in typescript, or in bold black capitals. CHFP000

## **APPOINTMENT of director or secretary** (NOT for resignation (use Form 288b) or change of particulars (use Form 288c))

| Company Num  | ber  |   |       |         |       |                |              |       |         |               |                |                   |                              |           |      |        |
|--|--|---|-------|---------|-------|----------------|--------------|-------|---------|---------------|----------------|-------------------|------------------------------|-----------|------|--------|
| Company Name in  | full   |   |       |         |       |                |              |       |         |               |                |                   |                              |           |      |        |
| Det  | - of   | Day   | M     | onth    |       | Ye             | ear          |       |         | †De:          | la nf          | Day               | Month                        | Ye        | ear  |        |
| Date<br>appointm   |  |   |       |         |       |                |              |       | _       | Birt          | te of<br>h     |                   |                              | _         |      |        |
| Appointment Appointment as dire  | ctor   | tor   |       |         |       |                | as secretary |       |         |               |                |                   | appropriate i<br>secretary m |           |      | ent is |
| NAME *Style / 1  | Title  |   |       |         |       |                |              |       | *F      | lono          | urs et         | c                 |                              |           |      |        |
| appear on reverse. Forename  | e(s)   |   |       |         |       |                |              |       |         |               |                |                   |                              | <u> </u>  |      |        |
| Surna  | ıme  |   |       |         |       |                |              |       |         |               |                |                   |                              |           |      |        |
| Previo<br>Forename   |  |   |       |         |       |                |              |       | ]<br>Sı | Prev<br>urnan | /ious<br>ne(s) |                   |                              |           |      |        |
| Usual residen<br>addre   | í  |   |       |         |       | _ <del>-</del> |              |       |         |               |                |                   |                              |           |      |        |
| Post to  | own  | Postcode  |       |         |       |                |              |       |         |               |                |                   |                              |           |      |        |
| County / Reg   | Country  |   |       |         |       |                |              |       |         |               |                |                   |                              |           |      |        |
| †Nationa   |  |   |       |         |       |                | †Bus         | sine  | ess o   | cupat         | ion            |                   |                              |           |      |        |
| †Other directorsl<br>(additional space overl   | •  |   |       |         |       | ** -           | •            |       |         |               |                |                   |                              | ·         |      |        |
| Consent signate  | I consent to act as ** director / secretary of the above named company  Date |   |       |         |       |                |              |       |         |               |                |                   |                              |           |      |        |
| * Voluntary details. † Directors only. **Delete as appropriate                                       |  | A director, secretary etc must sign the form below. |       |         |       |                |              |       |         |               |                |                   |                              |           |      |        |
| Sigr   | ned  | Date  |       |         |       |                |              |       |         |               |                |                   |                              |           |      |        |
|  |  | (**a direc  | tor/s | secreta | ary/a | admin          | istrat       | or/ad | lmini   | strative      | receive        | er / receive      | r manager /                  | receiver) |      |        |
| Please give the name, address, telephone number and, if available, a DX number and Exchange of       |  |   |       |         |       |                |              |       |         |               |                |                   |                              |           |      |        |
| the person Companies House should contact if there is any query.                                     |  | Tel   |       |         |       |                |              |       |         |               |                |                   |                              |           |      |        |
|  |  | DX nı   | umb   | er      |       |                |              | D>    | X ex    | xchar         | nge            |                   |                              |           |      |        |
| Companies House receipt date barcode  This form has been provided free of chains the Companies House |  | Regist  | rar c | of Co   | mp    | anie           | s at         | :     |         |               |                | rm plea<br>F14 3U | se send i<br>Z DX            | t to the  | Card | liff   |

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