

Please complete in typescript, or in bold black capitals.

Annual Return

CHFP029

Company Number

934507	

Rothmans of Pall Mall (International) Limited	

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

Day	MOUTH	rear	
2 5	0 7	1 9	9 9

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		Моі	nth	Year		•	
2	5	0	7	2	0	0	0

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

AYLESBURY

OXFORD ROAD

County / Region

BUCKS

1600

Postcode

HP21 8SZ

Principal business activities

(See note 4)

Show trade classification code number(s) for the principal activity or activities.

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5135

If the code number cannot be determine give a brief description of principal activity. MANUFACTURING AND SELLING CIGARETTES



Form revised July 1998

COMPANIES HOUSE 07/08/99

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

Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff for companies registered in England and Wales

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

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Register of I If the register of me registered office, s	embers is	not kept at the				
		Post town				
		County / Region			Postcode	
						L
Register of I	Deben	ture holders				
If there is a register and it is not kept a state here where it	t the regis					
		Post town				
		County / Region			Postcode	
Company ty	pe (See	note 7)		-		
Public limited compa	ny					
Private company limi	ited by sha	res	X			
Private company limi share capital	ted by gua	rantee without				
Private company limi section 30	ited by sha	res exempt under	Please mark the appropriate box			
Private company liminder section 30	ited by gua	rantee exempt				
Private unlimited con	npany with	share capital				
Private unlimited con	npany with	out share capital				
Company So	ecreta	ry (see notes 1-5)	Details of a ne	w compan	y secretary must be not	ified on form 288a.
(Please photocopy this area to provide details of joint	Name	* Style / Title			*Honours etc	;
secretaries).		Forename(s)				
* Voluntary details.		Surname	RISECRETARIE	S LIMITED		
	Prev	vious forename(s)				
	Previous surname(s)					
Address			OXFORD ROAD			
Usual residen	tial					
address must b given. In the cas	е	Post town	AYLESBURY			
corporation, give registered or prin	the	County / Region	BUCKS		Postcode	HP21 8SZ
office address.		Country				

Directors (see			Details of new director	rs must be notified o	n torm	288a	
Please list direct	•		MR				
	Name	* Style / Title			Day	Month	Year
		* Honours etc		Date of birth	3 0	0 3	1 9 4 8
		Forename(s)	NORMAN HARPER				
		Surname	ELLISON				
	Prev	rious forename(s)					
	Pre	vious surname(s)			=		
	Address	;	MEADOW VIEW, WINSLO	W ROAD			
Usual residen	tial						
address must b							
given. In the cas	e of a	Post town	LITTLE HORWOOD				
corporation, give registered or prin office address.		County / Region	BUCKS	Pos	stcode	MK17 0F	2D
once address.		Country	ENGLAND	Natio	onality	BRITISH	i
	Busines	s occupation	ACCOUNTANT				
	Other di	rectorships	EASTERN GUADRE INVESTMENTS LIMITED				
* Voluntary details.							
	Name	* Style / Title	MR		_	5.4	V
	· · · · · · · · · · · · · · · · · · ·	Otylo 7 Tido			Day	Month	Year
		* Honours etc		Date of birth	1 4	0 3	1 9 5 7
		Forename(s)	MARK ANTHONY				
		Surname	OLIVER				
	Prev	rious forename(s)					
	Pre	vious surname(s)					
	Address	•	4A COPTHALL ROAD EAST				
Usual resident address must be							
given. In the cas corporation, give	e the	Post town	ICKENHAM				
registered or pri office address.	ncipal	County / Region	MIDDLESEX	Pos	stcode	UB10 88	}B
		Country	ENGLAND	Natio	onality	BRITISH	1
	Busines	s occupation	ACCOUNTANT				
	Other di	rectorships	RYESEKKS p.l.c.	(147)			

Directors (see notes 1-5) Please list directors in alphabetical order		Details of new directors must be notified on form 288a.					
	lors iri ai Name	* Style / Title	MR		Day	Month	Year
		* Honours etc		Date of birth	1 ₁ 8	0 1	1 9 4 5
		Foreneme(s)	GRAHAM RODNEY				
		Surname	THOMAS				
	Pre	vious forename(s)					=
		Previous surname					
	Addres	s	6 WILLOWBROOK, WENE	OOVER			
Usual residen	ntial						
address must be given. In the case	ре	Post town	AYLESBURY				
corporation, give registered or pri		County / Region	BUCKS	Pos	stcode	HP22 6/	AY
office address.		Country	ENGLAND				
	Nationa	ılity	BRITISH				
	Busines	ss occupation	ACCOUNTANT				
	Other d	irectorships	None				
	Name	* Style / Title	MR]			
	Name	* Honours etc		Date of birth	Day 3 1	Month 1 0	Year 1 9 5 3
		Forename(s)	CHRISTOPHER DENNIS				
		Surname	TOMKINSON				
	Pro	evious forename(s)					
		Previous surname					
		Frevious sumame					
	Addres	s	17 MAGNOLIA DENE				
Usual residen	ntial						
address must be given. In the case	be	Post town	HAZLEMERE				
corporation, give registered or pri		County / Region	BUCKS	Pos	stcode	HP1570	≀ Ε
office address.		Country	ENGLAND				
	Nationa	ality	BRITISH				
	Busine	ss occupation	CEO- AMESA				
	Other d	lirectorships	EAST	SEN GURORE IN	SVE5	MCN.	13 LIMITED
* Voluntary details.							

Page 3, Continuation sheet

Issued share capital (see note 9) Enter details of all the shares in issue at the date of this return.	Class Number of shares issued		Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share)			
	ORD £1	117,500,000	£ 117,500,000.00			
	Totals	117,500,000	£ 117,500,000.00			
List of past and present members (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two	There were no changes	·				
returns. (see note 10)	on paper in another format A list of changes is enclosed					
	A full list of members is enclosed					
Elective resolutions (Private companies only) (See note 11)	If at the date of this return an election is in force to dispense with annual general meetings, mark this box					
		rn an election is in force ounts in general meeting				
Certificate	I certify that the informa knowledge and belief. FOR AND ON BEH Risecretaries Limit	od Coordina				
† Please delete as appropriate.	t a director solver of the authorised signator	Date	06/08/99			
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 include:	s (enter number)	ontinuation sheets.			
Please give the name, address, telephone number, and if available, a DX number and Exchange, for the person Companies House should	MRS A.E. GRIFFITHS, OXFORD F	ROAD, AYLESBURY, BUCKS, HP21	8SZ			
contact if there is any query.		Tel 01296-335000				
	DX number	DX exchange				