

100001 363a

Please complete in typescript, or in bold black capitals.

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•		Annual neturn
Cor	npany Number	02804084
Compar	ny Name in full	ARCOFIN LIMITED
Date of this return ₍	(See note 1)	Day Month Year
The information in this return is made up to		2 6 0 3 2 0 0 0
Date of next return (See note 2) f you wish to make your next return o 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
Registered Office (See note 3) Show here the address at the date of this return.		14 HIGH STREET
Any change of registered office	Post town	COWBRIDGE
must be notified on form 287.	County / Region	SOUTH GLAMORGAN
	Postcode	CF71 19G
Principal business (See note 4) Show trade classification for the principal activity o	code number(s)	7415
If the code number cann- give a brief description o		MANAGEMENT ACTIVITIES HOLDING COMPANY



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

	embers (See note 5)	
If the register of members is not kept at the		
registered office, state here where it is kept.		
	Post town	
	County / Region	Postcode
	County / Hegion	1 ostcode
Register of De	benture holders	
(See note 6)		
If there is a register of debenture holders and it is not kept at the registered office,		
state here where it		
	Post town	
	1 OSE LOWIT	
	County / Region	Postcode
	, ,	
Company type	Con note 7	
Company type	(See note 7)	
Public limited compa	ıny	
Private company lim	ited by shares	
	ited by guarantee without	
share capital		Places mark the appropriate boy
Private company limi section 30	ted by shares exempt under	> Please mark the appropriate box
	ited by guarantee exempt	
under section 30	ned by guarantee exempt	
Private unlimited con	npany with share capital	
Thvate diminited cor	nparty with share capital	
Private unlimited con	mpany without share capital	
Company Seci	retary (see notes 8)	
company coo.	(000 110100 0)	Details of a new company secretary must be notified on form 288a.
(Please photocopy	Name * Style / Title	*Honours etc
this area to provide details of joint	Name Style / Title	MR *Honours etc
secretaries).	Forename(s)	PETER LLOYD
	.,	TOTAL ELOGIC
•	Surname	BENNETT
* Voluntary details.	5	
	Previous forename(s)	
	Previous surname(s)	
	,	
	Address	FELSTED
		WEST STREET
Usual residential address must be		LLANTWIT MAJOR
given. In the case of a		LUINIWI INFO
corporation, give the	County / Region	SOUTH GLAMORGAN Postcode CF61 15P
registered or principal office address.		
 	Country	WALES

Directors (continued)		Details of new directors must be notified on form 288a
, l	Name * Style / Title	Day Month Year
	* Honours etc	Date of birth
	Forename(s)	
	Surname	
	Previous forename(s)	
Previous surname(s)		
Address		
Harrat na aidentist		
Usual residential address must be given. In the case of a	Post town	
corporation, give the registered or principal	County / Region	Postcode
office address.	Country	Nationality
В	usiness occupation	
Ot	ther directorships	
* Voluntary details		
Na	* Style / Title	Day Month Year
	* Honours etc	Date of birth
Forename(s) Surname		
	Previous forename(s)	
Previous surname(s)		
Ac	ddress	
Usual residential address must be given. In the case of a	Post town	
corporation, give the registered or principal	County / Region	Postcode
office address.	Country	Nationality
В	usiness occupation	
01	ther directorships	

Details of new directors must be notified on form 288a

(e.g. Ordinary/Preference) shares issued **Nominal Value** Issued share capital (see note 9) (i.e Number of shares issued Enter details of all the shares in issue multiplied by nominal value per share) at the date of this return. ORDINARY 1000 £1000 Totals List of past and present members There were no changes in the period (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two returns. in another format on paper (see note 10) A list of changes is enclosed A full list of members is enclosed If at the date of this return an election is in force to dispense with Elective resolutions annual general meetings, mark this box (Private companies only) (See note 11) If at the date of this return an election is in force to dispense with laying accounts in general meetings, mark this box Certificate I certify that the information given in this return is true to the best of my knowledge and belief. Signed Date 22/05/00 † a director /secretary † Please delete as appropriate. When you have signed the return send it This return includes continuation sheets. with the fee to the Registrar of Companies. Cheques should be made payable to (enter number) Companies House. Please give the name, address, telephone number, and if available, David Wright Accountants Limited a DX number and Exchange, for 1st Floor, Nathaniel House the person Companies House should contact if there is any query. David Street, Bridgend DX number outh Wales CF31 3SA

Telephone: (01656) 646444

Class

Number of

Aggregate

Directors (see notes 8)		Details of new directors must be notified on form 288a						
Please list directors in alphabetical order.								
[^] Nar	me * Style / Title	mR	!	Day	Month	Year		
* Honours etc Forename(s)			Date of birth o 8 o 2 i			1 9 4 8		
		PETER LLOYO						
	Surname	BENNETT						
P	revious forename(s)							
Previous surname(s)								
Address		FELSTED						
Usual residential address must be		WEST STREET						
given. In the case of a corporation, give the	Post town	LLANTWIT MAJOR						
· · · · · · · · · · · · · · · · · · ·	County / Region	SOUTH GLAMORGH	Postc	ode	cf61	159		
	Country	WALES	Nation	ality	WELS	н		
Business occupation COMPANY DIRECTOR								
Oth	er directorships	NEWBRIOGE STEELS LIMITED, TRUMOR						
* Voluntary details.		INTERNATIONAL STEELS LIMITED						
Nar	me * Style / Title	MR		Day	Month	Year		
	* Honours etc	Date of birth 2 5 1 0 1 9 7 0						
	Forename(s)	MANUELA GAROFALO						
Surname		MORUZ21						
P	revious forename(s)							
ţ	Previous surname(s)							
Address		VIA INGANNI 84						
Usual residential								
address must be given. In the case of a	Post town	20147 MILAN						
corporation, give the registered or principal office address.	County / Region		Postc	ode				
	Country	ITALY	Nation	ality	ITALIA	1 N		
Business occupation		COMPANY DIRECTO	COMPANY DIRECTOR					
Oth	er directorships							
								

DITECTORS (continue	a)	Details of new directors must be notine	u on torn	1 200a	
N	ame * Style / Title		Day	Month	`Year_
	* Honours etc	Date of birt	h		
	Forename(s)				
	Surname				
	Previous forename(s)			-	
	Previous surname(s)				_
Address					
Usual residential address must be given. In the case of a	Post town				
corporation, give the registered or principal	County / Region	Po	ostcode		
office address.	Country	Nat	tionality		
В	usiness occupation				
Of	ther directorships				
* Voluntary details.					
Na	ame * Style / Title		Day	Month	Year
	* Honours etc	Date of birth	1		
	Forename(s)				
	Surname				
	Previous forename(s)				
	Previous surname(s)				
Address					
Usual residential					
address must be given. In the case of a	Post town				
corporation, give the registered or principal	County / Region	Po	stcode		
office address.	Country	Nat	ionality		
Вι	usiness occupation				
Ot	ther directorships	at 100			