

# COMPANIES HOUSE

15 000009 363s

# Annual Return

of company number 0

03007054

L

company name

CONSENSUS SOFTWARE LIMITED

company type

PRIVATE COMPANY LIMITED BY SHARES

THE REGISTRAR OF COMPANIES COMPANIES HOUSE CROWN WAY CARDIFF

CARDIFF CF4 3UZ



This form should be completed in black.

The information printed below is taken from Companies House records as at 15/12/98 If this information requires amendment use the spaces opposite.

#### Date of this return (See note 1)

The information in this return should be made up to a date not later than

| Day  | Month | Year |
|------|-------|------|
| 0 16 | 0  1  | 919  |

#### 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.

#### Registered Office (See note 3)

This is the address registered by Companies House.

35 BRAMBLE HILL CHANDLERS FORD EASTLEIGH HAMPSHIRE SO53 4TP

### Principal business activities (See note 4)

Trade classification is
7220 SOFTWARE CONSULTANCY AND SUPPLY

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

If you are making the return up to an earlier date, show the date here. Please note that the form must be delivered to Companies House within 28 days of this earlier date.

Year

|     | 1     |      |
|-----|-------|------|
|     |       |      |
| Day | Month | Year |
| ,   |       |      |

Month

| 7        | 2 | 6 | 0 |
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| <u> </u> |   |   |   |
|          |   |   |   |

| 03007054 Register of members (See note 5)                   | If the information shown needs amendment, give details below and, for secretary and director particulars, the date of any change. |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| The register is kept at                                     |                                                                                                                                   |
| -                                                           |                                                                                                                                   |
| REGISTERED OFFICE                                           |                                                                                                                                   |
| •                                                           |                                                                                                                                   |
|                                                             |                                                                                                                                   |
| Register of debenture holders (See note 6)                  |                                                                                                                                   |
| Any register of debenture holders (or duplicate) is kept at |                                                                                                                                   |
|                                                             |                                                                                                                                   |
|                                                             |                                                                                                                                   |
|                                                             |                                                                                                                                   |
|                                                             |                                                                                                                                   |
|                                                             |                                                                                                                                   |
| Company Secretary (See note 7)                              |                                                                                                                                   |
| Particulars of a new secretary must be notified on          | Day Month Year                                                                                                                    |
| form 288.                                                   | Date of any change.                                                                                                               |
|                                                             |                                                                                                                                   |
| ANITA                                                       |                                                                                                                                   |
| ALLOTT                                                      |                                                                                                                                   |
| BA(HONS) ECON                                               |                                                                                                                                   |
| 35 BRAMBLE HILL                                             | ***************************************                                                                                           |
| CHANDLERS FORD                                              |                                                                                                                                   |
| EASTLEIGH                                                   |                                                                                                                                   |
| HAMPSHIRE SO53 4TP                                          | ***************************************                                                                                           |
|                                                             |                                                                                                                                   |
|                                                             |                                                                                                                                   |
|                                                             |                                                                                                                                   |
|                                                             | •                                                                                                                                 |
|                                                             |                                                                                                                                   |
| If this person has ceased to be secretary, please           | Day Month Year                                                                                                                    |
| state when.                                                 | Date of resignation.                                                                                                              |
|                                                             |                                                                                                                                   |
| · · · · · · · · · · · · · · · · · · ·                       |                                                                                                                                   |
| Directors (See note 7)                                      |                                                                                                                                   |
| ·                                                           | Day Month Year                                                                                                                    |
| Particulars of a new director must be notified on           | Date of any change.                                                                                                               |
| form 288.                                                   |                                                                                                                                   |
| NICHOLAS                                                    |                                                                                                                                   |
| ALLOTT                                                      |                                                                                                                                   |
| 35 BRAMBLE HILL                                             | ******                                                                                                                            |
| CHANDLERS FORD                                              |                                                                                                                                   |
| EASTLEIGH                                                   |                                                                                                                                   |
| HAMPSHIRE SO53 4TP                                          |                                                                                                                                   |
| •                                                           |                                                                                                                                   |
|                                                             |                                                                                                                                   |
| Date of Birth:- 16/10/70                                    |                                                                                                                                   |
| Nat:BRITISH                                                 |                                                                                                                                   |
| Occ: COMPUTER CONSULTANT                                    |                                                                                                                                   |
| If the comment has a count to be altered as a second        | Day Month Year                                                                                                                    |
| If this person has ceased to be director, please            | Date of resignation.                                                                                                              |
| state when.                                                 |                                                                                                                                   |
| Show any relevant current and previous directorships.       | ***************************************                                                                                           |
|                                                             |                                                                                                                                   |
| Page 2                                                      |                                                                                                                                   |

|                                                                                        | •                                              |
|----------------------------------------------------------------------------------------|------------------------------------------------|
| 03007054                                                                               | If the information shown needs amendment,      |
| Directors - continued                                                                  | give details below and the date of any change. |
| Particulars.                                                                           | Day Month Year Date of any change.             |
| NO MORE DIRECTORS ADDITIONAL SECRETARIES OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.   |                                                |
| If this person has ceased to be director, please state when.                           | Day Month Year                                 |
| Show any relevant current and previous directorships.                                  |                                                |
| Particulars.                                                                           | Day Month Year Date of any change.             |
| NO MORE DIRECTORS - ADDITIONAL SECRETARIES OR DIRECTORS MUST BE NOTIFIED ON FORM 288a. |                                                |
|                                                                                        |                                                |
| If this person has ceased to be director, please state when.                           | Day Month Year Date of resignation.            |
| Show any relevant current and previous directorships.                                  |                                                |
| Particulars.                                                                           | Day Month Year  Date of any change.            |
| NO MORE DIRECTORS — ADDITIONAL SECRETARIES OR DIRECTORS MUST BE NOTIFIED ON FORM 288a. |                                                |
|                                                                                        |                                                |
|                                                                                        |                                                |
| f this person has ceased to be director, please state when.                            | Day Month Year                                 |
| Show any relevant current and previous directorships. Page 3                           |                                                |

| 03007054 Issued Share Capital (See note 8) Enter details of all shares in issue at the date of this return.                                                                                                                                                      | Class<br>(eg Ordinary/<br>Preference etc) | Number of shares issued                                                            | Aggregate nominal value (ie Number of shares issued multiplied by nominal value per share) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                  | <u>Ordinary</u>                           | 100                                                                                | 100.00                                                                                     |
|                                                                                                                                                                                                                                                                  | Totals                                    | 100                                                                                | 100.00                                                                                     |
| List of past and present members (See note 9)                                                                                                                                                                                                                    |                                           |                                                                                    |                                                                                            |
| (Use attached schedule where appropriate)                                                                                                                                                                                                                        |                                           |                                                                                    | Please mark the appropriate box.                                                           |
| A full list is required.                                                                                                                                                                                                                                         |                                           |                                                                                    | on paper paper                                                                             |
|                                                                                                                                                                                                                                                                  | A full list of m                          | embers is enclos                                                                   | ed 🗸                                                                                       |
| Elective resolutions (See note 10) (Private companies only)                                                                                                                                                                                                      |                                           |                                                                                    |                                                                                            |
| If an elective resolution is in force at the date of this return to dispense with annual general meetings, mark this box.  If an elective resolution is in force at the date of this return to dispense with laying accounts in general meetings, mark this box. | <u> </u>                                  |                                                                                    |                                                                                            |
| Certificate                                                                                                                                                                                                                                                      | Signed                                    |                                                                                    | Secretary/Director *                                                                       |
| I certify that the information given in this return is true to the best of my knowledge and belief.                                                                                                                                                              | Date 24/                                  | 1/99                                                                               | *(delete as appropriate)                                                                   |
| I enclose the fee of £15.  Cheques should be made payable to Companies House.                                                                                                                                                                                    |                                           | (enter numb                                                                        | ı have completed                                                                           |
| To whom should Companies House direct any enquiries about the information shown in this return?>                                                                                                                                                                 | BUSINESS<br>B                             | MATT CROSS MANAGER SERVICE ANKER COURT ONEHILL ROAD TAMWORTH FAFFS: B783HP Postcoo | E LTD.                                                                                     |

## LIST OF PAST AND PRESENT MEMBERS

SCHEDULE TO FORM 363

|                                          | Account of Shares         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S       |
|------------------------------------------|---------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Company Number: 03007054                 | Number of                 | ferred since            | shares trans-<br>the date of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |
| Company Name: CONSENSUS SOFTWARE LIMITED | shares or amount of       | of the first r          | r, in the case<br>eturn, since the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |
| CONSENSUS SOFIWARE LIMITED               | stock held<br>by existing | company, by             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
|                                          | members at date of this   |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
|                                          | return.                   | (b) persons<br>ceased t | who have<br>o be members.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |
|                                          | Number currently          | Number                  | Date of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |
| Name and address                         | held                      | Transferred             | Registration<br>of Transfer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Remarks |
| MR NICHOLAS ALLOTT                       | 15050                     |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
| 35 BRAMBLE HILL                          |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
| CHANDLERS FORD                           |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
| EASTLEIGH                                |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
| HAMPSHIRE SO53 4TP.                      |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
|                                          |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
| MRS ANTA ACCOLI                          |                           |                         | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |
| 35 BRANGLE LILL                          |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
| CHAPOLERS FORD                           |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
| EASTLEIGN                                |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
| HAMPSHIRE SOS3 GTP                       | 50                        |                         | 1.00 mg (1.00 mg) (1.00 mg |         |
|                                          |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |
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LIST OF PAST AND PRESENT MEMBERS (continued) SCHEDULE TO FORM 363

| LIST OF PAST AND PRESENT MEMBERS (C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Jatinueu)                                        |                                                  | OLE IO FORM 303 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|-----------------|
| Company Number: 03007054                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                  | Account of S Particulars of shares tra           |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Number of                                        |                                                  |                 |
| Company Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | shares or                                        | last return, or, in the c                        |                 |
| CONSENSUS SOFTWARE LIMITED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | amount of stock held                             |                                                  | the             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | by existing                                      | company, by                                      |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | members at                                       | (a) persons who are sti                          | .11             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | date of this return.                             | members, and<br>(b) persons who have             |                 |
| ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | return.                                          | ceased to be member                              | ers.            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Number                                           |                                                  | _               |
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| Name and address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | currently                                        | I   Registra                                     | tion Remarks    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | held                                             | fransferred of Trans                             | fer             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                  |                 |
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