

100995/15

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363a

Please complete in typescript,  
or in bold black capitals.

CHFP013

## Annual Return

Company Number 03368447

Company Name in full ANGLO HIBERNIAN BLOODSTOCK INSURANCE SERVICES LTD

### Date of this return

The information in this return is made up to

Day Month Year

0 9 / 0 5 / 2 0 0 3

### Date of next return

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

Day Month Year

/ /

### Registered Office

Show here the address at the date of  
this return.

Griffins Court

24-32 London Road

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

Post town Newbury

County / Region Berkshire

UK Postcode R G 1 4 1 J X

### Principal business activities

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

6603

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



A42  
COMPANIES HOUSE

\*A2306LC6\*

0655  
29/05/03

A44  
COMPANIES HOUSE

\*ANA59KTY\*

0399  
10/05/03

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

Companies House, Crown Way, Cardiff, CF14 3UZ  
for companies registered in England and Wales

DX 33050 Cardiff

or

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

### Register of members

If the register of members is not kept at the registered office, state here where it is kept.

Post town

County / Region

UK Postcode

### Register of Debenture holders

If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state here where it is kept.

Post town

County / Region

UK Postcode

### Company type

Public limited company

Private company limited by shares

Private company limited by guarantee without share capital

Private company limited by shares exempt under section 30

Private company limited by guarantee exempt under section 30

Private unlimited company with share capital

Private unlimited company without share capital

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please tick the appropriate box

\* Voluntary details.

### Company Secretary

(Please photocopy this area to provide details of joint secretaries).

##Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

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If a partnership give the names and addresses of the partners or the name of the partnership and office address.

Details of a new company secretary must be notified on form 288a.

Name \* Style / Title Mr.

Forename(s) Christopher William

Surname Wordsworth

Address ## Flint Cottage 44 Church Lane

Cheveley

Post town Newmarket

County / Region Suffolk

UK Postcode

C B 8 9 D J

Country England

**Directors**

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a.

**Directors** In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

## Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

Name \* Style / Title Mr.  
Day Month Year  
Date of birth 2 8 / 0 2 / 1 9 6 0  
Forename(s) James Timothy  
Surname Wordsworth  
Address ## Elizabeth House  
Kirtling  
Post town Newmarket  
County / Region Suffolk UK Postcode C B 8 9 P A  
Country England Nationality British  
Business occupation Insurance Agent

\* Voluntary details.

**Directors** In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

## Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

Name \* Style / Title  
Day Month Year  
Date of birth  
Forename(s)  
Surname  
Address ##  
Post town  
County / Region UK Postcode  
Country Nationality  
Business occupation

**Issued share capital**

Enter details of all the shares in issue at the date of this return.

**Class**  
(e.g. Ordinary/Preference)

**Number of  
shares issued**

**Aggregate  
Nominal Value**

(i.e. Number of shares issued  
multiplied by nominal value per  
share, or total amount of stock)

Ordinary £1 shares	2	2.00 GBP
Totals	2	2.00

**List of past and present shareholders**

(Use attached schedule where appropriate)

A full list is required if one was not included with either of the last two returns.

There were no changes in the period

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on paper in another format

A list of changes is enclosed

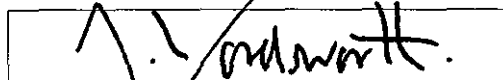
☐☐

A full list of shareholders is enclosed

☒☐**Certificate**

I certify that the information given in this return is true to the best of my knowledge and belief.

Signed



Date

9<sup>th</sup> May 03

# Please delete as appropriate

# a director / secretary

When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be payable to Companies House.

This return includes

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continuation sheets.

(enter number)

Please give the name, address, telephone number, and if available, a DX number and Exchange, for the person Companies House should contact if there is any query.

Griffins Chartered Accountants

Griffins Court, 24-32 London Road Newbury Berkshire

RG14 1JX

Tel 01635 265265

DX number

DX exchange

**List of past and present shareholders**  
**Schedule to form 363**  
*(full list)*

Company Number 03368447

Company Name in full ANGLO HIBERNIAN BLOODSTOCK INSURANCE SERVICES LTD

- Changes to shareholders particulars or details of the amount of stock or shares transferred must be completed each year
- You must provide a "full list" of all the company shareholders on:
  - The company's first annual return following incorporation;
  - Every third annual return after a full list has been provided
- List the company shareholders in alphabetical order or provide an index
- List joint shareholders consecutively

Shareholders' details	Number of shares or amount of stock held at 9/05/2003	Shares or amount of stock transferred <i>(if appropriate)</i> from 9/05/2002 to 9/05/2003	
		Number of shares or amount of stock transferred	Date of registration of transfer

Mr. James Wordsworth  
Elizabeth House  
Kirtling  
Newmarket  
SUFFOLK  
CB8 9PA

Ordinary £1 shares

Balance at 9/05/2003

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