



Companies House
— for the record —

AR01 (ef)

Annual Return



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Received for filing in Electronic Format on the: **07/12/2012**

Company Name: **THE FOLDING MACHINE COMPANY LIMITED**

Company Number: **04321655**

Date of this return: **13/11/2012**

SIC codes: **33120**

Company Type: **Private company limited by shares**

Situation of Registered Office: **UNIT 30 EDGE WORKSHOP
ELVA WAY
BEXHILL-ON-SEA
EAST SUSSEX
UNITED KINGDOM
TN39 5BF**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **SHARON PATRICIA**

Surname: **CALVER**

Former names:

Service Address: **SOUTH VIEW
CRIPPS CORNER
STAPLE CROSS
EAST SUSSEX
TN32 5QS**

Company Director ***1***

Type: **Person**

Full forename(s): **MR DAVID**

Surname: **CALVER**

Former names:

Service Address: **SOUTH VIEW
CRIPPS CORNER
STAPLE CROSS
EAST SUSSEX
TN32 5QS**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **31/07/1961** *Nationality:* **BRITISH**

Occupation: **MANAGING DIRECTOR**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	2
		<i>Aggregate nominal value</i>	2
<i>Currency</i>	GBP	<i>Amount paid per share</i>	0
		<i>Amount unpaid per share</i>	0
<i>Prescribed particulars</i>			
NONE			

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	2
		<i>Total aggregate nominal value</i>	2

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 13/11/2012 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : **1 ORDINARY shares held as at the date of this return**
Name: **DAVID CALVER**

Shareholding 2 : **1 ORDINARY shares held as at the date of this return**
Name: **SHARON PATRICIA CALVER**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.