

Please complete in typescript, or in bold black capitals.

CHFP029

Annual Return

363a

Company Number	0632485	<u> </u>
Company Name in full	AUTOLEASE FLEETS LIMITED	
Date of this return The information in this return is made up to	Day Month Year	
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 2 3 / 0 5 / 2 0 0 2	
Registered Office Show here the address at the date of this return.	24-26 NEWPORT ROAD	
Any change of registered office Post town must be notified on form 287. County / Region UK Postcode	CARDIFF C F 2 4 0 S R	
Principal business activities		
Show trade classification code number(s) for the principal activity or activities.	7484	7110
If the code number cannot be determined, give a brief description of principal activity.		



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

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales

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

DX 235 E DX 235 Edinburgh

Register of m If the register of me registered office, st	embers embers is not kept at the ate here where it is kept.	71 LOMBARD STREET
	Post town	LONDON
	County / Region	UK Postcode E C 3 P 3 B S
If there is a register or a duplicate of an	ebenture holders r of debenture holders, ry such register or part ept at the registered here it is kept.	N/A
	Post town	L
	County / Region	UK Postcode
Company typ	е	
Public limited compar	ny	
Private company limit	ted by shares	X
Private company limit share capital	ted by guarantee without	
Private company limit section 30	ted by shares exempt under	Please tick the appropriate box
Private company limit under section 30	ted by guarantee exempt	
Private unlimited com	npany with share capital	
Private unlimited com	npany without share capital	
Company Sec	cretary	
(Please photocopy		Details of a new company secretary must be notified on form 288a.
this area to provide details of joint sec- retaries).	Name * Style / Title	MISS
* Voluntary details.	Forename(s)	DEBORAH ANN
If a partnership give the names and addresses of the part	Surname(s)	SAUNDERS
ners or the name of the partnership and office address.	Address	179 GLADBECK WAY
Usual residential		ENFIELD CHASE
address must be given. In the case of corporation, or a	a Post town	ENFIELD
Scottish firm, give the registered or principal office address.	e County / Region	MIDDLESEX
	Country	
	•	ı

Directors Please list directors in alphabetical order. Details of new directors must be notified on form 288a

, 10000 not an octor :	Name	* Style / Title	MR.			
	Name	Otyle / Title			-	
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corpo-	at	Date of birth	Day Month Year			
		Bate of Sitti	[2 6 / 0 1 / 1 9 4 9			
rate or firm name.		Forename(s)	JOHN LEWIS			
		Surname	DAVIES			
	Address	;	68 THE PLAIN			
Usual residential						
address must be given. In the case of corporation or a		Post town	EPPING			
Scottish firm, give the registered or principa office address.		ounty / Region	ESSEX	UK Postcode	C M 11 16	16 TT W
omos dadisos.		Country	ENGLAND	Nationality	BRITISH	
	Busines	s occupation	DIRECTOR			
* Voluntary details.						
	Name	* Style / Title	MR			
Directors In the case of a director that	+		Day Month Year			
is a corporation or a Scottish firm, the	aı	Date of birth	0 8 / 0 4 / 1 9 4 7			
name is the corporate or firm name.		Forename(s)	MICHAEL PETER			
		Surname	KILBEE			
	Address	5	2 WESTDENE WAY			
Usual residential			I			
address must be given. In the case of corporation or a		Post town	WEYBRIDGE	_		
Scottish firm, give th registered or principal office address.		ounty / Region	SURREY	UK Postcode	K T 1 3	19 R G
		Country		Nationality	BRITISH	
	Busines	ss occupation	DIRECTOR			
			·			

Details of new directors must be notified on form 288a **Directors** Please list directors in alphabetical order. * Style / Title Name Month Year Day Directors In the case of a director that 0 5 / 1 9 5 1 Date of birth is a corporation or a Scottish firm, the name is the corpo-DAVID KEITH rate or firm name. Forename(s) Surname **POTTS** 23 WOODCHESTER PARK, KNOTTY GREEN **Address** Usual residential address must be given. In the case of a BEACONSFIELD Post town corporation or a Scottish firm, give the registered or principal County / Region **BUCKS UK Postcode** office address. **BRITISH** Country **Nationality Business occupation** DIRECTOR * Voluntary details.

	Name	* Style / Title	MR.	
Directors In the case of a director that is a corporation or a	t	Date of birth	Day Month Year	
Scottish firm, the name is the corporate or firm name.		Forename(s)	NIGEL CLEATOR	
		Surname	STEAD	
	Address	3	NORTHEND, TIMBLE	
Usual residential				
address must be given. In the case of corporation or a		Post town	NR OTLEY	
Scottish firm, give the registered or principal office address.		ounty / Region	WEST YORKSHIRE UK Postcode L S 2 1 2 N	L
		Country	Nationality BRITISH	
	Busines	ss occupation	DIRECTOR	

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)	
	ORD SHARES OF £1	250,000	£ 250,000.00	
	Totals	250,000	£ 250,000.00	
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	There were no changes	in the period		
returns.		on pape	r in another format	
	A list of changes is encl	osed		
	A full list of shareholder	s is enclosed X		
Certificate	I certify that the informa knowledge and belief.	tion given in this return i	s true to the best of my	
Signed	D. So	Date	29 May 2001	
† 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 made payable to Companies House. Please give the name, address,	This return include	S (enter number)	ontinuation sheets.	
telephone number, and if available, a DX number and Exchange, for the person Companies House should	MISS D.A. SAUNDERS, 71 LOMB	ARD STREET, LONDON, EC3P 3BS	· · · · · · · · · · · · · · · · · · ·	
contact if there is any query.				
	DV www.t.ea	Tel 020 7356 2014		
	DX number _I	DX exchange _I		



List of past and present shareholders Schedule to form 363a

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Company Number	0632485
Company Name in full	AUTOLEASE FLEETS LIMITED

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

	Class and	Shares or amount of stock transferred (if appropriate)		
Shareholders' details	number of shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer	
Name	ord shares of £1 250,000			
ACL AUTOLEASE HOLDINGS LIMITED	200,000			
Address				
24-26 NEWPORT ROAD, CARDIFF, WALES				
UK Postcode CF240SR				
Name				
Address				
UK Postcode				
Name				
Address				
	.]			
UK Postcode				