



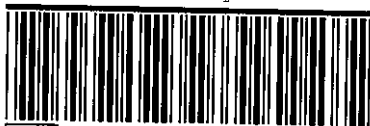
COMPANIES HOUSE

BB  
EIS  
2000<sup>34</sup>

363s

## Annual Return

THE REGISTRAR OF COMPANIES  
COMPANIES HOUSE  
CROWN WAY  
CARDIFF  
CF4 3



A35 \*A7DCMX4T\* 413  
COMPANIES HOUSE 05/07/97

of company number 01778228

G

company name  
ACTION SCHEME LIMITED

company type  
PRIVATE COMPANY LIMITED BY GUARANTEE  
WITHOUT SHARE CAPITAL

This form should be completed in black.

The information printed below is taken from Companies House records as at 18/06/97  
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
03	07	97

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.

Day	Month	Year

### 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.

Day	Month	Year

### Registered Office (See note 3)

This is the address registered by Companies House.

12 ST JOHN'S SQUARE  
WAKEFIELD  
WF1 2RA

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### Principal business activities (See note 4)

Trade classification is  
9600 RESIDENTS PROPERTY MANAGEMENT

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

If the information shown needs amendment, give details below and, for secretary and director particulars, the date of any change.

## Register of members *(See note 5)*

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 form 288.

KATHRYN ANN  
WOOD  
FLAT NO 1 12 ST JOHNS SQUARE  
WAKEFIELD  
WEST YORKSHIRE WF1 2RA

Day	Month	Year

Date of any change.


If this person has ceased to be secretary, please state when.

Day	Month	Year

Date of resignation.

## Directors *(See note 7)*

Particulars of a new director **must** be notified on form 288.

JONATHAN GORDON  
BRAIDE  
2ND FLOOR FLAT  
4B HIGH STREET  
MARLOW  
BUCKS SL7 1AW

Date of Birth:- 07/05/66  
Nat:BRITISH  
Occ:COSTS AND MANAGEMENT ACCOUNTANT

If this person has ceased to be director, please state when.

Day	Month	Year

Date of any change.


Day	Month	Year

Date of resignation.

Show any relevant current and previous directorships.


If the information shown needs amendment, give details below and the date of any change.

## Directors - continued

Particulars.

AMANDA DARLENE  
CADMAN  
UPPER MASONETTE 12 ST JOHNS SQUARE  
ST JOHNS  
WAKEFIELD  
WEST YORKSHIRE WF1 2RA

Day Month Year

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Date of any change.

Date of Birth:- 27/12/68

Nat:ENGLISH

Occ:NURSE

If this person has ceased to be director, please state when.

Day Month Year

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Date of resignation.

Show any relevant current and previous directorships.

Particulars.

NIGEL JOHN PAOL  
HARGREAVES  
FLAT 2 12 ST JOHNS SQUARE  
WAKEFIELD  
WEST YORKSHIRE WF1 2RA

Day Month Year

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Date of any change.

Date of Birth:- 08/05/70

Nat:BRITISH

Occ:BUYING MANAGER

If this person has ceased to be director, please state when.

Day Month Year

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Date of resignation.

Show any relevant current and previous directorships.

Particulars.

SHIRLEY JUNE  
STEAD  
12 ST JOHNS SQUARE  
WAKEFIELD  
WEST YORKSHIRE WF1 2RA

Day Month Year

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Date of any change.

Date of Birth:- 05/01/34

Nat:BRITISH

Occ:NURSE

If this person has ceased to be director, please state when.

Day Month Year

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Date of resignation.

Show any relevant current and previous directorships.

If the information shown needs amendment, give details below and the date of any change.

## Directors - continued

### Particulars.

BARBARA TERESA  
TAMMINEN  
11 ST JOHNS SQUARE  
WAKEFIELD  
WEST YORKSHIRE WF1 2RA

Date of Birth:- 08/04/42  
Nat:BRITISH  
Occ:STUDENT

If this person has ceased to be director, please state when.

Show any relevant current and previous directorships.

Day	Month	Year

Date of any change.

Day	Month	Year

Date of resignation.

### Particulars.

KATHRYN ANN  
WOOD  
FLAT NO 1 12 ST JOHNS SQUARE  
WAKEFIELD  
WEST YORKSHIRE WF1 2RA

Date of Birth:- 26/10/64  
Nat:BRITISH  
Occ:BEAUTY SALON PROPRIETOR

If this person has ceased to be director, please state when.

Show any relevant current and previous directorships.

Day	Month	Year

Date of any change.

Day	Month	Year

Date of resignation.

### Particulars.

NO MORE DIRECTORS - ADDITIONAL SECRETARIES  
OR DIRECTORS MUST BE NOTIFIED ON FORM 288a.

Day	Month	Year

Date of any change.

If this person has ceased to be director, please state when.

Show any relevant current and previous directorships.

Day	Month	Year

Date of resignation.

If the information shown needs amendment, give details below and the date of any change.

## Directors - continued

Particulars.

Day Month Year

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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

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Date of resignation.

Show any relevant current and previous directorships.

Particulars.

Day Month Year

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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

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Date of resignation.

Show any relevant current and previous directorships.

Particulars.

Day Month Year

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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

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Date of resignation.

Show any relevant current and previous directorships.

**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. ☐

**Certificate**

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

I enclose the fee of £ 15.

Cheques should be made payable to **Companies House**.

Signed

*Cathy Ward*

Secretary/Director \*

\*(delete as appropriate)

Date

3/7/97

This return includes

(enter number)

continuation sheets.

To whom should Companies House direct any enquiries about the information shown in this return?

THE COMPANY SECRETARY,  
ACTION SCHOOLS LIMITED,  
12 ST JOHN'S SQUARE,  
WARRINGTON Postcode WF1 2KA

Telephone 01924 368334 Ext