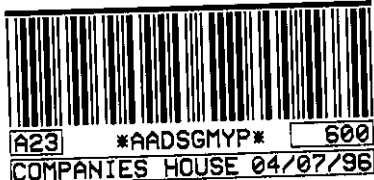




COMPANIES HOUSE

THE REGISTRAR OF COMPANIES  
COMPANIES HOUSE  
CROWN WAY  
CARDIFF  
CF4 3UZ



A23 \*AADSGMYP\* 600  
COMPANIES HOUSE 04/07/96

This form should be completed in black.

The information printed below is taken from Companies House records as at 12/06/96  
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	96

**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.  
12 ST JOHN'S SQUARE  
WAKEFIELD  
WF1 2RA

**Principal business activities** (See note 4)

Trade classification is  
9600 RESIDENTS PROPERTY MANAGEMENT

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

Rev  
12  
2000/13

363s

**Annual Return**

of company number 01778228

G

company name  
ACTION SCHEME LIMITED

company type  
PRIVATE COMPANY LIMITED BY GUARANTEE  
WITHOUT SHARE CAPITAL

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

Day	Month	Year

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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 Secretaries *(See note 7)*

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

NIGEL JOHN PAOL  
HARGREAVES  
FLAT 2 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
22	01	96

Date of resignation.

Particulars.

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.

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

## Directors- continued

Particulars.

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

Date of Birth:- 05/01/34  
Nat:BRITISH  
Occ:NURSE

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

Show any relevant current and previous directorships.

Day Month Year

Day	Month	Year

Date of any change.

Day Month Year

Day	Month	Year

Date of resignation.

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

Day	Month	Year

Date of any change.

Day Month Year

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:BEUATY SALON PROPRIETOR

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

Show any relevant current and previous directorships.

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

### 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.

Show any relevant current and previous directorships.

Day Month Year

Day	Month	Year

Date of any change.

Day Month Year

Day	Month	Year

Date of resignation.

### Particulars.

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

Date of Birth:- 27/12/68

Nat:ENGLISH

Occ:NURSE

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

Show any relevant current and previous directorships.

Day Month Year

Day	Month	Year

Date of any change.

Day Month Year

Day	Month	Year

Date of resignation.

### Particulars.

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

Date of Birth:- 08/05/70

Nat:BRITISH

Occ:BUYING MANAGER

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

Show any relevant current and previous directorships.

Day Month Year

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

--	--	--

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. ☐

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**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 £ 18.

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

Signed

*Kathryn Wood*

Secretary/Director \*

\*(delete as appropriate)

Date

*11/7/96*

This return includes

*0*

(enter number)

continuation sheets.

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

*KATHRYN WOOD*  
*FLAT 1, 12 ST JOHN'S SQUARE,*  
*WARRINGTON* Postcode *WF1 2UA*

Telephone *01928 368334* Ext