

000321. P8×3 363a

Please complete in typescript, or in bold black capitals.

or in bold black capitals.	Annual Return
Company Number	28745A
Company Name in full  X F 3 6 3 A 0 1 2 X	CHUNDLESS CONST TIMILED
<b>Date of this return</b> (See note 1) The information in this return is made up to	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) Show here the address at the date of this return.	EAST STREET, TRALLUN
Any change of registered office must be notified on form 287.  Post town County / Region Postcode	WID CITHORCHU
Principal business activities (See note 4) Show trade classification code number(s) for the principal activity or activities.	PA 8630
If the code number cannot be determined, give a brief description of principal activity.	

D3 Jiji 1998 1

EDX \*EA4KV007\* 12

COMPANIES HOUSE 03 07 96

Form revised March 1995

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

Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff for companies registered in England and Wales

or

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

Register of men	nbers (s	ee note 5\						
If the register of mer	mbers is n	ot kept at the				·	<del></del>	
registered office, sta	te here w	here it is kept.				·		
		Post town						
	C	ounty / Region					Postcode	
							-	
Register of Deb	enture f	nolders						
(See note 6)							<del></del>	
If there is a registe and it is not kept a	it the reg	istered office,						
state here where it is	s kept.							
		Post town						
	C	ounty / Region					Postcode	
Company type	(See note 7	)		_	_			
Public limited company	1							
Private company limite	d by share	s						
Private company limite share capital	d by guara	ntee without						
Private company limited by shares exempt under section 30			Please mark the appropriate box					
Private company limite under section 30								
Private unlimited comp	any with sh	nare capital						
Private unlimited comp	any withou	t share capital						
Company Secre	tarv (see	notes 1-5)						
(Please photocopy			Details o	of a new c	ompan	y secretary	must be no	tified on form 288a.
this area to provide details of joint	Name	* Style / Title	7	No		*⊦	Honours etc	
secretaries).		Forename(s)	S) WILLIAM					
		Surname		m.cc	> orwi	/c*		
* Voluntary details.	Previou	s forename(s)						
	Previo	us surname(s)						
Address		HAFOD FAWR COTTAGE, HAFOD FAWR						
Usual residential			LANE, HOPKING TOLO					
address must be given. In the case of a		Post town	PONTYPRIÐD .					
corporation, give the registered or principal	Co	ounty / Region	4.0	GLA	MORG	-pr	Postcode	CE37 289
office address.		Country	VIB1	-E3			<u>_</u>	

<b>Directors</b> (see no Please list directors in		Details of new directors must be notified on form 288a									
	Name * Style / Title		ws				Day	Month	Year		
		* Honours etc			Da	ate of birth	J8	06	43		
		Forename(s)	BLD	2	SELWY	<u> </u>					
		Surname	876	41							
	Previo	ous forename(s)									
	Previ	ous surname(s)									
	Address	s	<i>38</i> C	LOS	・ブソ ~ ぐヽ	- プロ		·			
Usual residential			シャバス	4700	H						
address must be given. In the case of a corporation, give the		Post town	CABJ!	7 7							
registered or principal office address.		County / Region	50474	SOUTH GLANDAGEN Post				アプル	10		
		Country	WALES		Nationalit		BU118H				
	Busines	ss occupation	COMPANY DIRECTOR								
	Other d	irectorships	TUBUC	1100	11m2	C37					
* Voluntary details.											
	Name	* Style / Title				_	Day	Month	Year		
		* Honours etc		·	Da	ate of birth					
		Forename(s)									
		Surname									
	Previo	ous forename(s)									
	Previ	ous surname(s)							}		
	Address	6			···········						
Usual residential				-							
address must be given. In the case of a		Post town									
corporation, give the registered or principal office address.		County / Region				Postcode					
5		Country				Nationality					
	Busines	ss occupation									
	Other d	irectorships			<del></del>						
						<del></del>					

Directors (continued)			Details of new directors must be notified on form 288a						
	Name	* Style / Title				Day	Month	Year	
÷.		* Honours etc		Da	te of birth				
·		Forename(s)					11000		
		Surname							
	Previo	ous forename(s)							
	Previo	ous surname(s)	, , , , , , , , , , , , , , , , , , ,						
	Address	8							
Usual residential	ı								
address must be given. In the case of a	; l	Post town							
corporation, give th registered or principa office address.		County / Region			Postcode				
office address.		Country	-		Nationality		*********		
	Busines	s occupation							
	Other di	irectorships							
* Voluntary details.									
					,				
	Name	* Style / Title			٦	Day	Month	Year	
		* Honours etc		Da	te of birth				
		Forename(s)							
		Surname							
		ous forename(s)		• • •			• •		
		ous surname(s)							
	Address	5							
Usual residential				APANE II					
address must be given. In the case of a corporation, give the	ì	Post town				ſ			
corporation, give the registered or principa office address.		County / Region			Postcode				
		Country			Nationality				
		ss occupation		<del></del>					
	Other di	irectorships				······································			

Class Number of Aggregate (e.g. Ordinary/Preference) shares issued **Nominal Value** Issued share capital (see note 9) (i.e Number of shares issued Enter details of all the shares in issue multiplied by nominal value at the date of this return. per share) 77 OBOINBRY くしく Totals ダブ List of past and present members There were no changes in the period (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two returns. on paper in another format (see note 10) A list of changes is enclosed A full list of members is enclosed If at the date of this return an election is in force to dispense with Elective resolutions (Private companies only) annual general meetings, mark this box (See note 11) If at the date of this return an election is in force 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. Signed Date 1107/96 † Please delete as appropriate. † a director /secretary When you have signed the return send it This return includes continuation sheets. with the fee to the Registrar of Companies. Cheques should be made payable to (enter number) Companies House. Please give the name, address, HELD STUATUUSSA telephone number, and if available, ナノコノノロイ a DX number and Exchange, for HOUSE, 9-10 WNDSOR PLACE the person Companies House should contact if there is any query. 24/02PS CF13Bx Tel のバング プシィ アクン DX number DX exchange

Directors (continue	ed)	Details of new directors	must be noti	fied on forr	n 288a		
	Name * Style / Title				Day	Month	Year
	* Honours etc		Date	e of birth			
	Forename(s)						
	Surname						
	Previous forename(s)						
	Previous surname(s)						
,	Address						
Usual residential							
address must be given. In the case of a	Post town						
corporation, give the registered or principal	County / Region			Postcode			
office address.	Country		1	Nationality			
E	Business occupation						
C	Other directorships						
* Voluntary details							
			1				
1	Name * Style / Title			_	Day	Month	Year
	* Honours etc		Dat	e of birth			
	Forename(s)						
	Surname		· · · · · · · · · · · · · · · · · · ·				
	Previous forename(s)						
	Previous surname(s)						
,	Address						
Usual residential							
address must be given. In the case of a	Post town						
corporation, give the registered or principal	County / Region			Postcode			
office address.	Country			Nationality			
į	Business occupation						
	Other directorships						•
					•		