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Please complete in typescript,
or in bold black capitals.

Annual Return

CHFP010

Company Number

2631837

Company Name in full

TRUSTCARD LIMITED

Date of this return

The information in this return is made up to

Day		Month		Year		
0	4	0	4	2	0	0

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		

Registered Office

Show here the address at the date of this return.

25 GRESHAM STREET

Any change of registered office **must** be notified on form 287.

Post town

LONDON

County / Region

UK Postcode

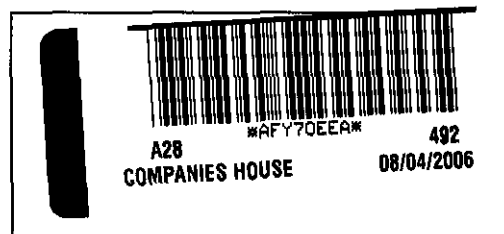
EC2V 7HN

Principal business activities

Show trade classification code number(s) for the principal activity or activities.

7499

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
or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB
DX 235 Edinburgh

Register of members

If the register of members is not kept at the registered office, state here where it is kept.

Post town _____

County / Region _____ UK Postcode _____

Register of Debenture holders

If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state where it is kept.

N/A _____

Post town _____

County / Region _____ UK Postcode _____

Company type

Public limited company

Private company limited by shares

Private company limited by guarantee without share capital

Private company limited by shares exempt under section 30

Private company limited by guarantee exempt under section 30

Private unlimited company with share capital

Private unlimited company without share capital

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please tick the appropriate box

Company Secretary

(Please photocopy this area to provide details of joint secretaries).

* Voluntary details.

If a partnership give the names and addresses of the partners or the name of the partnership and office address.

Name * Style / Title | Mrs _____

Forename(s) | KAREN MARY _____

Surname | PORTSMOUTH _____

Address | 13 WALDEGRAVE GARDENS _____

Post town | UPMINSTER _____

County / Region | ESSEX _____ UK Postcode | RM14 1UT _____

Country | United Kingdom _____

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

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

Directors In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.

Name	* Style / Title	Mr		
		Day	Month	Year
Date of birth		0	2	0 2 1 9 5 9
Forename(s)	MICHAEL ROGER			
Surname	HATCHER			
Address	HUNYANI, ARDLEIGH ROAD, LITTLE BROMLEY			
Post town	MANNINGTREE			
County / Region	ESSEX	UK Postcode	CO11 2QA	
Country		Nationality	British	
Business occupation	COMPANY SECRETARY			

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

* Voluntary details.

Name	* Style / Title	Miss		
		Day	Month	Year
Date of birth		0	3	0 1 1 9 6 0
Forename(s)	DEBORAH ANN			
Surname	SAUNDERS			
Address	179 GLADBECK WAY, ENFIELD CHASE			
Post town	ENFIELD			
County / Region	MIDDLESEX	UK Postcode	EN2 7EW	
Country		Nationality	British	
Business occupation	COMPANY SECRETARY			

Directors In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

Directors In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.

Name * Style / Title | MRS.

Day Month Year
 Date of birth | 1 5 | 1 2 | 1 9 6 6

Forename(s) | SHARON NOELLE

Surname | SLATTERY

Address | 176 BLAGDON ROAD

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Post town | NEW MALDEN

County / Region | SURREY UK Postcode | KT3 4AL

Country | United Kingdom Nationality | Irish

Business occupation | COMPANY SECRETARY

* Voluntary details.

Name * Style / Title |

Day Month Year
 Date of birth | | | | | | | |

Forename(s) |

Surname |

Address |

Usual residential address must be given. In the case of a corporation, give the registered or principal office address.

Post town |

County / Region | UK Postcode |

Country | Nationality |

Business occupation |

Issued share capital

Enter details of all the shares in issue at the date of this return.

Class <i>(e.g. Ordinary/Preference)</i>	Number of shares issued	Aggregate Nominal Value <i>(i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)</i>
Ordinary	2	£2.00
Totals	2	2.00

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 returns.

There were no changes in the period

on paper

in another format

A list of changes is enclosed

A full list of shareholders is enclosed

Certificate

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

Signed

KM Portsmouth

Date

4-4-06

† 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.**

This return includes

continuation sheets.

(enter number)

Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

KAREN PORTSMOUTH, 25 GRESHAM STREET, LONDON, EC2V 7HN

Tel



DX number | DX exchange |

List of past and present shareholders
Schedule to form 363a

CHFP010 **Company Number** | 2631837

Company Name in full | TRUSTCARD 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 the 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

Shareholders' details	Class and number of shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer
Name LLOYDS TSB BANK plc Address 25 GRESHAM STREET, LONDON UK postcode EC2V 7HN	£1.00 Ordinary	Shares Held 2	Shares or amount of stock transferred <i>(if appropriate)</i>
Name Address UK postcode			
Name Address UK postcode			