



**Companies House**  
— for the record —

**AR01** (ef)

**Annual Return**



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*Company Name:* **A G T OPTICAL SOLUTIONS LIMITED**

*Company Number:* **SC263789**

*Date of this return:* **20/02/2012**

*SIC codes:* **86900**

*Company Type:* **Private company limited by shares**

*Situation of Registered Office:* **49 QUEEN ANNE STREET  
DUNFERMLINE  
KY12 7BA**

**Officers of the company**

***Company Secretary 1***

*Type:* **Person**  
*Full forename(s):* **MRS MAUREEN ISABELLA AGNES**

*Surname:* **LAING**

*Former names:* **GALBRAITH**

*Service Address recorded as Company's registered office*

*Company Director* 1

*Type:* **Person**  
*Full forename(s):* **MAUREEN ISABELLA AGNES**

*Surname:* **LAING**

*Former names:*

*Service Address:* **52 FOREST PLACE  
TOWNHILL  
DUNFERMLINE  
KY12 0EP**

*Country/State Usually Resident:* **SCOTLAND**

*Date of Birth:* **26/05/1953**                      *Nationality:* **BRITISH**

*Occupation:* **OPTICIAN**

## Statement of Capital (Share Capital)

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<b>Class of shares</b>	<b>ORDINARY</b>	<i>Number allotted</i>	<b>2</b>
		<i>Aggregate nominal value</i>	<b>2</b>
<i>Currency</i>	<b>GBP</b>	<i>Amount paid per share</i>	<b>1</b>
		<i>Amount unpaid per share</i>	<b>0</b>

### *Prescribed particulars*

A FULL VOTING RIGHTS B ENTITLED TO EQUAL DIVIDENDS C EQUAL RIGHTS AS RESPECT CAPITAL D SHARES ARE LIABLE TO BE REDEEMED WITH NO TERMS OR CONDITIONS RELATING TO THE REDEMPTION OF SHARES

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## Statement of Capital (Totals)

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<i>Currency</i>	<b>GBP</b>	<i>Total number of shares</i>	<b>2</b>
		<i>Total aggregate nominal value</i>	<b>2</b>

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### *Full Details of Shareholders*

The details below relate to individuals / corporate bodies that were shareholders as at 20/02/2012 or that had ceased to be shareholders since the made up date of the previous Annual Return

*A full list of shareholders for the company are shown below*

*Shareholding 1* : 0 ORDINARY shares held as at the date of this return  
*Name:* SARAH LAING

*Shareholding 2* : 2 ORDINARY shares held as at the date of this return  
*Name:* MAUREEN LAING

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### *Authorisation*

*Authenticated*

*This form was authorised by one of the following:*

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.