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363a

Please complete in typescript,
or in bold black capitals.

CHFP029

Annual Return

Company Number 181116

Company Name in full Willis Limited

Date of this return

The information in this return is made up to

Day Month Year

01 / 04 / 2001

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

01 / 04 / 2002

Registered Office

Show here the address at the date of
this return.

TEN TRINITY SQUARE

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

Post town

LONDON

County / Region

UK Postcode

EC3P 3AX

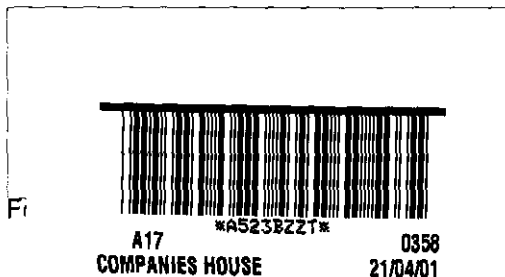
Principal business activities

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

6603

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
for companies registered in Scotland **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 here where it is kept.

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"/>
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<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).

Name

* Style / Title

* Voluntary details.

Forename(s)

MICHAEL PATRICK

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

Surname(s)

CHITTY

Address

17 ESKDALE ROAD

Usual residential address

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

Post town

BEXLEYHEATH

County / Region

KENT

UK Postcode

D A 7 5 D L

Country

ENGLAND

Details of a new company secretary must be notified on form 288a.

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Name * Style / Title _____

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

Day Month Year
Date of birth 1 4 / 1 2 / 1 9 5 6

Forename(s) GUY MAURICE

Surname BESSIS

Address 14 OSSINGTON STREET

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

Post town LONDON

County / Region

UK Postcode W 2 4 L Z

Country ENGLAND

Nationality FRANCE

Business occupation INSURANCE BROKER

* Voluntary details.

Name * Style / Title _____

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

Day Month Year
Date of birth 0 4 / 0 7 / 1 9 4 8

Forename(s) RICHARD JOHN STAFFORD

Surname BUCKNALL

Address 3 ORIANA HOUSE, VICTORY PLACE

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

Post town LONDON

County / Region

UK Postcode E 1 4 8 B Q

Country ENGLAND

Nationality BRITISH

Business occupation INSURANCE BROKER

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Name * Style / Title

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

Date of birth

Forename(s) RICHARD

Surname CHIVERRELL

Address

HIGH LAVER HOUSE, HIGH LAVER

Usual residential

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

Post town NR ONGAR

County / Region ESSEX

UK Postcode C M 5 0 D R

Country ENGLAND

Nationality BRITISH

Business occupation INSURANCE BROKER

* Voluntary details.

Name * Style / Title

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

Date of birth

Forename(s) CHRISTOPHER NORMAN

Surname CLARK

Address

10 HIGHWOOD CLOSE

Usual residential

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

Post town KENLEY

County / Region SURREY

UK Postcode C R 8 5 H W

Country

Nationality BRITISH

Business occupation INSURANCE BROKER

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Name	* Style / Title			
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	Date of birth	Day	Month	Year
		0	3	/ 1 1 / 1 9 4 4
	Forename(s)	ROBERT GERALD WARDE		
	Surname	DIXON		
Address	FLOODS FARM, DOGMERSFIELD			
Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.	Post town	HOOK		
	County / Region	HANTS	UK Postcode	R G 2 7 8 T D
	Country		Nationality	BRITISH
Business occupation	INSURANCE BROKER			

* Voluntary details.

Name	* Style / Title			
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	Date of birth	Day	Month	Year
		2	1	/ 1 0 / 1 9 4 5
	Forename(s)	MICHAEL DAVID TUFNELL		
	Surname	FABER		
Address	2A LYALL MEWS			
Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.	Post town	LONDON		
	County / Region		UK Postcode	S W 1 X 8 D J
	Country		Nationality	BRITISH
Business occupation	INSURANCE BROKER			

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Name	* Style / Title			
Directors	In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.			
	Date of birth	Day	Month	Year
		1	6	0 4 1 9 4 7
	Forename(s)	ROBERT HEYDON		
	Surname	GAYNER		
Address	8 BELVEDERE AVENUE, WIMBLEDON VILLAGE			
Usual residential address	must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.			
	Post town	LONDON		
	County / Region			UK Postcode
				S W 1 9 7 P S
	Country			Nationality
				BRITISH
Business occupation	INSURANCE BROKER			

* Voluntary details.

Name	* Style / Title			
Directors	In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.			
	Date of birth	Day	Month	Year
		1	8	0 1 1 9 4 8
	Forename(s)	ALAN BERTIE		
	Surname	HEDGECK		
Address	SANDBANKS, 71 CLIFF ROAD			
Usual residential address	must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.			
	Post town	FELIXSTOWE		
	County / Region	SUFFOLK		UK Postcode
				I P 1 1 9 S Q
	Country			Nationality
				BRITISH
Business occupation	ACCOUNTANT			

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

Name * Style / Title _____

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

Date of birth
Day Month Year
0 2 / 0 3 / 1 9 4 4

Forename(s) MARTYN ANTHONY

Surname HEDLEY

Address 67 DOVEHOUSE STREET

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

Post town LONDON

County / Region

UK Postcode S W 3 6 J Y

Country

Nationality BRITISH

Business occupation INSURANCE BROKER

* Voluntary details.

Name * Style / Title _____

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

Date of birth
Day Month Year
2 2 / 0 3 / 1 9 4 8

Forename(s) CHRISTOPHER MICHAEL

Surname LONDON

Address 51 STREATHBOURNE ROAD

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

Post town LONDON

County / Region

UK Postcode S W 1 7

Country

Nationality BRITISH

Business occupation INSURANCE BROKER

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Name	* Style / Title													
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.		Day	Month	Year										
	Date of birth	2	8	/	0	4	/	1	9	6	3			
	Forename(s)	GRAHAME JOHN												
	Surname	MILLWATER												
Address	11 DARTMOUTH ROW, BLACKHEATH													
Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.														
	Post town	LONDON												
	County / Region						UK Postcode	S	E	1	0	8	A	W
	Country	ENGLAND					Nationality	BRITISH						
Business occupation	REINSURANCE BROKER													

* Voluntary details.

Name	* Style / Title													
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.		Day	Month	Year										
	Date of birth	2	3	/	0	2	/	1	9	5	3			
	Forename(s)	JOHN MARRIOTT												
	Surname	PELLY												
Address	37 ALBERT BRIDGE ROAD													
Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.														
	Post town	LONDON												
	County / Region						UK Postcode	S	W	1	1	4	P	X
	Country						Nationality	BRITISH						
Business occupation	INSURANCE BROKER													

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

Class
(e.g. Ordinary/Preference)

Number of shares issued

Aggregate Nominal Value
(i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)

ORD £1.00	105,000,000	£ 105,000,000.00
Totals	105,000,000	£ 105,000,000.00

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

M. Chy

Date

2 April 2001

† 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, for the person Companies House should contact if there is any query.

MISS T M WARREN, TEN TRINITY SQUARE, LONDON, EC3P 3AX

Tel 020 7481 7004

DX number

DX exchange

List of past and present shareholders Schedule to form 363a

CHFP029

Company Number 181116

Company Name in full Willis 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 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	Shares or amount of stock transferred (if appropriate)	
		Class and number of shares or amount of stock transferred	Date of registration of transfer
Name WILLIS FABER LIMITED Address TEN TRINITY SQUARE, LONDON _____ _____ UK Postcode E C 3 P 3 A X	Ord £1.00 104,999,995		
Name WILLIS PENSION TRUSTEES LIMITED Address TEN TRINITY SQUARE, LONDON _____ _____ UK Postcode E C 3 P 3 A X	Ord £1.00 5		
Name _____ Address _____ _____ _____ UK Postcode L L L L L L L			