



Companies House

— for the record —

Company Name

MARC FITCH FUND

CO4715 / 15

0015 43

363s Annual Return

Company Type

Private Company Limited By

Guarantee Exempt Under Sect 30

Company Number

569597

Information extracted from

Companies House records on

19th February 2002

- > Please check the details printed in blue on this statement.
- > If any details are wrong, strike them through and write the correct details in the "Amended details" column.
- > Please use black pen and write in capitals.



A24
COMPANIES HOUSE

AZX8ASTP

0100
04/03/02

Section 1: Company details

Ref: 569597/15/42

	Current details	Amended details																		
> Registered Office Address <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	Critchleys Boswell House 1-5 Broad Street Oxford Oxfordshire OX1 3AW	Address _____ _____ _____ UK Postcode _ _ _ _ _																		
> Register of Members <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	Address where the Register is held At Registered Office	Address _____ _____ _____ UK Postcode _ _ _ _ _																		
> Register of Debenture Holders <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	Not Applicable	Address _____ _____ _____ UK Postcode _ _ _ _ _																		
> Principal Business Activities <i>If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.</i>	<table border="1"> <thead> <tr> <th>SIC Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>8042</td> <td>Adult and other education</td> </tr> </tbody> </table>	SIC Code	Description	8042	Adult and other education	<table border="1"> <thead> <tr> <th>SIC CODE</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	SIC CODE	Description	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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> Please enter additional principal activity code(s) in "Amended details" column. See notes for guidance for list of activity codes.																				

Section 2: Details of Officers of the Company

Current details

Amended details

> **Company Secretary**

If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.

Particulars of a new Company Secretary must be notified on form 288.

Name

Alwyn Aubrey Roy STEPHENS

Address

7 Murray Court
80 Banbury Road
Oxford
Oxfordshire
OX2 6LQ

Name

Address

UK Postcode _ _ _ _ _
Date of change _ _ / _ _ / _ _ _ _
Date Alwyn Aubrey Roy STEPHENS
ceased to be secretary (if applicable)
 _ _ / _ _ / _ _ _ _

> **Director**

If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.

Particulars of a new Director must be notified on form 288.

Name

The Honourable Nicholas ASSHETON

Address

15 Hammersmith Terrace
London
W6 9TS

Date of birth 23/05/1934

Nationality British

Occupation ~~Deputy Chairman~~

Name

Address

UK Postcode _ _ _ _ _
Date of birth _ _ / _ _ / _ _ _ _
Nationality _ _ _ _ _
Occupation RETIRED
Date of change _ _ / _ _ / _ _ _ _
Date The Honourable Nicholas
ASSHETON ceased to be director (if
applicable) _ _ / _ _ / _ _ _ _

> **Director**

If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.

Particulars of a new Director must be notified on form 288.

Name

Professor John Penrose BARRON

Address

Canal House
St Peters College
Oxford
OX1 2DL

Date of birth 27/04/1934

Nationality British

Occupation University Professor

Name

Address

UK Postcode _ _ _ _ _
Date of birth _ _ / _ _ / _ _ _ _
Nationality _ _ _ _ _
Occupation _ _ _ _ _
Date of change _ _ / _ _ / _ _ _ _
Date Professor John Penrose BARRON
ceased to be director (if applicable)
 _ _ / _ _ / _ _ _ _

Amended details

Particulars of a new Director must be notified on form 288.

Occupation ~~Librarian~~

Date Alan Scott BELL MA FSA ceased to be director (if applicable)

*Particulars of a new Director
must be notified on form
288*

Occupation	Retired
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Date Anthony John CAMP ceased to be director (if applicable)

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

Occupation Retired

Date Professor Christopher ELRINGTON ceased to be director (if applicable) _____

	Current details	Amended details
> Director If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. Particulars of a new Director must be notified on form 288.	Name Doctor Jennifer Isobel KERMODE Address 15 Glen Park Road Wallasey Merseyside L45 5JQ Date of birth 27/11/1945 Nationality British Occupation University Lecturer	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Doctor Jennifer Isobel KERMODE ceased to be director (if applicable) _ _ / _ _ / _ _ _ _
> Director If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. Particulars of a new Director must be notified on form 288.	Name Professor David Michael PALLISER Address 80 Lairgate Beverley HU17 8EU Date of birth 10/09/1939 Nationality British Occupation University Professor	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation _____ Date of change _ _ / _ _ / _ _ _ _ Date Professor David Michael PALLISER ceased to be director (if applicable) _ _ / _ _ / _ _ _ _
> Director If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. Particulars of a new Director must be notified on form 288.	Name John PORTEOUS OBE MA FSA Address 52 Elgin Crescent London W11 2JJ Date of birth 29/07/1934 Nationality British Occupation College Bursar	Name _____ Address _____ _____ _____ UK Postcode _ _ _ _ _ Date of birth _ _ / _ _ / _ _ _ _ Nationality _____ Occupation <u>RETIRED</u> Date of change _ _ / _ _ / _ _ _ _ Date John PORTEOUS OBE MA FSA ceased to be director (if applicable) _ _ / _ _ / _ _ _ _



Companies House

— for the record —

363s Annual Return Declaration

- > When you have checked all the sections of this form, please complete this page and sign the declaration below.
- > If you want to change the made up date of this annual return, please complete 2 below.

1. Declaration

- ☐ I confirm that the details in this annual return are correct as at the made-up-date (shown at 2 below). I enclose the filing fee of £15.

Signature

[Handwritten Signature]
(Director/Secretary)

Date

28 / 02 / 2002

*This date must not be earlier than the
return date at 2 below*

What to do now

*Complete this page then send the whole of the Annual Return and the
declaration to the address shown at 4 below.*

2. Date of this return

- ☐ This AR is made up to
31/12/2001

If you are making this return up to an earlier date,
please give the date here

__ / __ / ____

Note: The form must be delivered to CH within 28 days of this date

3. Date of next return

- ☐ If you wish to change your next return to a date earlier than **31st December 2002** please give the new date here:

__ / __ / ____

4. Where to send this form

- ☐ Please return this form to:
Registrar of Companies
Companies House
Crown Way
Cardiff CF14 3UZ

OR

For members of the Hays Document
Exchange service
DX 33050 Cardiff

**Have you enclosed the filing fee with the company number written on the
reverse of the cheque?**

Cheque ☐ Postal Order ☐ Cheque / Postal Order
Number _____

(Please complete as appropriate)

Contact Address

Please give the name and address of the person who should be contacted if
there are any queries about this form.

Contact Name

Telephone number *inc code*

Address

DX number *if applicable*

Postcode