

Ceco / 15

193905 363a

Annual Return

Co	mpa	ny	Nu	ıml	oer

1077587

Company Name in full | Teva Pharmaceuticals Limited



Date of this return (See note 1)

The information in this return is made up to

Day Month Year

02 02 98

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.

Month Year Day

02 02 99

Registered Office (See note 3)

Show here the address at the date of this return.

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

Post town

County / Region

Postcode

Five Chancery Lane

Clifford's Inn

London

EC4A 1BU

Principal business activities

(See note 4)

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

If the code number cannot be determined,

2442

give a brief description of principal activity.



When you have completed and signed the form please send it to 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 memb	Ders (See note 5)					
If the register of members is not kept at the registered office, state here where it is kept.						
	Post town					
	County / Region		Postcode			
Register of Deber	nture holders					
(See note 6) If the register of member registered office, state						
	Post town					
	County / Region		Postcode			
C						
. , , , ,	See note 7)					
Public limited company						
Private company limited	by shares	✓				
Private company limited share capital	by guarantee without					
Private company limited under section 30	by shares exempt		Please mark the app	propriate box		
Private company limited exempt under section 30						
Private unlimited company with share capital						
Private unlimited compa	ny without share capital					
Company Secreta	ary (See notes 1-5)	Details of a new company	secretary must be n	otified on form 288a		
(Please photocopy this area to provide Nam	ne * Style / Title		* Honours etc			
details of joint secretaries).	Forename(s)					
Surname		Gray's Inn Secretaries Limited				
* Voluntary details.	Previous forename(s)					
	Previous surname(s)					
Address		Five Chancery Lane				
Hanal varidantial						
Usual residential address must be Post town		London				
given. In the case of a corporation, give the	County / Region		Postcode	WC2A 1LF		
registered or principal office address.	Country	England		<u> </u>		

Please list directors in alphabetical order.		Details of a new directors must be notified on form 288a.							
N	lame	* Style / Title	Mr			Day	Month	Year	
		* Honours etc		С	ate of birth	20	07	60	
		Forename(s)	Chaim				<u> </u>	•	
Surname			Hurvitz						
Previous forename(s)									
	Prev	rious surname(s)							
Address			5 Amnon ve Tamar						
				Ganai Herzelia					
Usual residential									
address must be given. In the case of		Post town	Herzelia		<u> </u>				
corporation, give the registered or principa office address.		County / Region			Postcode				
office address.		Country	Israel Nationality			Israeli			
	Busir	ness occupation	Vice President, Teva Europe						
	Oth	er directorships	(See continuation sheet).						
* Voluntary details.									
Directors N	lame	* Style / Title	Mr			Day	Month	Year	
		* Honours etc			Date of birth	20	04	32	
Forename(s)		Eliahu							
Surname		Hurvitz							
Previous forename(s)									
Previous surname(s)									
Address			41 Hasyfan Street						
Usual residential									
address must be given. In the case of		Post town	Ramat Hasharon		, <u>r</u>				
corporation, give the registered or principa		County / Region	Postcode 47248						
office address.		Country	Israel		Nationality	/ Israeli			
Business occupation Other directorships			President and CEO						
			(See continuation sheet).						

Issued share capital (See notes 9) Number of Aggregate Class Enter details of all the shares in issue shares issued **Nominal Value** (e.g. Ordinary/Preference) at the date of this return. (i.e Number of shares issued multiplied by nominal value per share) Ordinary 200 £200.00 **Totals** 200 £200.00 List of past and present members (Use attached schedule where appropriate) A full list is required if one was not There were no changes in the period included with either of the last two returns. (see note 10) on paper in another format A list of changes is enclosed A full list of members is enclosed **Elective resolutions** If at the date of this return an election is in force to dispense with (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 beliefly of Ctay's implisecrataries Limited Signed 18/3/98. Date AUTHORISED SIGNATORY † Please delete as appropriate. † a director /secretary When you have signed the return send it continuation sheets. This return includes 2 with the fee to the Registrar of Companies. Cheques should be made payable to (enter number) Companies House. Denton Hall Please give the name, address, Five Chancery Lane telephone number, and if available, Clifford's Inn a DX number and Exchange, for London EC4A 1BU

Ref: MJ x6800

the person Companies House should

contact if there is any query.

Please list directors in alphabetical order.		Details of a new directors must be notified on form 288a.							
N	lame	* Style / Title	Mr			Day	Month	Year	
		* Honours etc			ate of birth	27	08	42	
Forename(s)		Aaron							
Surname			Schwartz						
Previous forename(s)									
Previous surname(s)									
Address			5 Rambam Street						
			Mevaselet Zion						
Usual residential				1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
address must be given. In the case of	а	Post town	Jerusalem				Y · · ·		
corporation, give the registered or principa		County / Region			Postcode				
office address.	•	Country	Israel		Nationality	Israeli			
	Busir	ness occupation	V/P Copaxone Division						
	Oth	er directorships	None						
* Voluntary details.									
Directors N	lame	* Style / Title	Mr			Day	Month	Year	
		* Honours etc			ate of birth	07	02	44	
Forename(s)		Dan							
Surname			Suesskind						
Previous forename(s)									
Previous surname(s)									
A	ddress		2 Zeruyah Street						
Usual residential									
address must be given. In the case of	а	Post town	Jerusalem						
corporation, give the registered or principa		County / Region	Postcode 93551						
office address.		Country	Israel		Nationality	Israeli			
Business occupation			Chief Financial Officer						
	Oth	er directorships	s (See continuation sheet).						

Form 363a continuation sheet

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Company Number	1077587	
Company Name in full	Teva Pharmaceuticals Limited	
Current directorships for M	r Chaim Hurvitz	
Approved Prescrip	tion Services Limited	
APS/BERK LIMITE)	
BERK PHARMACE	JTICALS LIMITED	
Orvet UK Limited		
Past directorships for Mr E	liahu Hurvitz	
Approved Prescrip	tion Services Limited (16-Dec-1997)	
APS/BERK LIMITE) (16-Dec-1997)	
BERK PHARMACE	UTICALS LIMITED (22-Dec-1997)	
Past directorships for Mr D	an Suesskind	
Orvet UK Limited	(16-Dec-1997)	