

form produced by

PENSION  
& BENEFIT  
SERVICES  
LIMITED

V6.0a

NW  
2501  
E15-a

363a

Please complete in typescript,  
or in bold black capitals.

CHFP013

## Annual Return

Company Number 02989385

Company Name in full CFI PENSION TRUSTEES LIMITED

### Date of this return

The information in this return is made up to

Day Month Year

1 1 / 1 1 / 2 0 0 1

### 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.

5 ARABESQUE HOUSE,

MONKS CROSS,

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

Post town YORK

County / Region NORTH YORKSHIRE

UK Postcode Y O 3 2 9 W X

### 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.



A34  
COMPANIES HOUSE

0555  
21/02/02

A11  
COMPANIES HOUSE

0640  
23/11/01

Form revised September 1999

When you have completed and signed the form please send it to the  
Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ  
for companies registered in England and Wales

DX 33050 Cardiff

or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB  
for companies registered in Scotland

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### 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

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

Forename(s)

Surname

Address

Post town

County / Region

Country

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

PENSION & BENEFIT SERVICES LIMITED

5 ARABESQUE HOUSE

MONKS CROSS

YORK

UK Postcode

Y O 3 2 9 W X

**Usual residential address** must be given. In the case of a corporation or a Scottish firm, 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 corporation or a Scottish firm, the name is the corporate or firm name.

<b>Name</b>	* Style / Title	MR									
		Day	Month	Year							
	Date of birth	2	6	0	5	1	9	6	3		
	Forename(s)	CLIVE ADAM									
	Surname	COWDERY									
<b>Address</b>	24 BROOMHOUSE ROAD										
	FULHAM										
	Post town	LONDON									
	County / Region				UK Postcode	S	W	6	3	Q	X
	Country				Nationality	BRITISH					
<b>Business occupation</b>	CHIEF EXECUTIVE OFFICER										

\* Voluntary details.

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

<b>Name</b>	* Style / Title	MISS									
		Day	Month	Year							
	Date of birth	3	1	0	5	1	9	6	4		
	Forename(s)	SHEILA BERNADETTE									
	Surname	COYLE									
<b>Address</b>	3 WHITE LODGE CLOSE										
	Post town	MARLOW BOTTOM									
	County / Region	BUCKINGHAMSHIRE			UK Postcode	S	L	7	3	Q	Y
	Country				Nationality	BRITISH					
<b>Business occupation</b>	HR DIRECTOR										

**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)

ORDINARY £1 SHARES	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



Date

21/11/01

# 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 payable to **Companies House**.

This return includes

2  
(enter number)

continuation sheets.

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.

Pension & Benefit Services Limited

5 Arabesque House, Monks Cross, YORK

YO32 9WX

Tel 01904 646060

DX number

DX exchange

**Directors**

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Name \* Style / Title

MR

Day Month Year

Date of birth

1 1 / 0 4 / 1 9 6 2

Forename(s)

DREW

Surname

NEWMAN

Address

WINDYCROFT

42 EAST VIEW

**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

HADLEY GREEN

County / Region

BARNET

UK Postcode

E N 5 5 T N

Country

Nationality BRITISH

Business occupation

INVESTMENT MANAGER

\* Voluntary details.

Name \* Style / Title

MR

Day Month Year

Date of birth

2 4 / 0 9 / 1 9 6 3

Forename(s)

JEREMY

Surname

PARKER

Address

17 GARTH 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

KINGSTON

County / Region

SURREY

UK Postcode

K T 2 5 N Y

Country

Nationality BRITISH

Business occupation

BUSINESSSS DEVELOPMENT MANAGER

**Directors**

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Name \* Style / Title

MR

Day Month Year

Date of birth

2 7 / 1 2 / 1 9 6 8

Forename(s)

TREVOR

Surname

SCHAUENBERG

Address

FLAT 6, 21 TITE STREET

CHELSEA

Post town

LONDON

County / Region

UK Postcode

S W 3

4 J T

Country

Nationality

USA

Business occupation

FINANCE DIRECTOR

\* Voluntary details.

Name \* Style / Title

MR

Day Month Year

Date of birth

0 2 / 0 7 / 1 9 5 8

Forename(s)

CHRISTOPHER DOW

Surname

WILKINSON

Address

Wayside Cottage

Chequers Hill

Post town

Flamstead

County / Region

St Albans

UK Postcode

A L 3

8 E T

Country

Nationality

British

Business occupation

Audit Manager

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

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