

form produced by

**PENSION
& BENEFIT
SERVICES
LIMITED**

V5.01

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LIS.

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 0

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.



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

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

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

MR

Forename(s)

ROBERT EDWARD

Surname

JAQUES

Address

LANE HOUSE

AISLABY

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

PICKERING

County / Region

NORTH YORKSHIRE

UK Postcode

Y O 1 8 8 P E

Country

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.

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

Name	* Style / Title	MR	
		Day	Month
		Year	
	Date of birth	0	7
		1	1
		1	9
		5	6
	Forename(s)	MARK	
	Surname	JOANNES	
Address		2 Coniston Avenue	
		Tunbridge Wells	
	Post town	Kent	
	County / Region	UK Postcode	T N 4 9 S P
	Country	Nationality	BRITISH
Business occupation		ACTUARY	

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

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

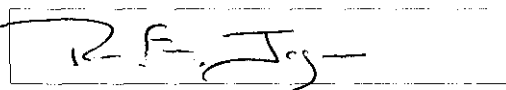
☐
☐

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

14.11.00

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

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

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	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											
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	4	J	T
	Country					Nationality	USA					
	Business occupation	FINANCE DIRECTOR										

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Name * Style / Title MR

Day Month Year

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 0 2 / 0 7 / 1 9 5 8

Forename(s) CHRISTOPHER DOW

Surname WILKINSON

Address

Wayside Cottage

Chequers Hill

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 Flamstead

County / Region St Albans

UK Postcode A L 3 8 E T

Country

Nationality British

Business occupation Audit Manager

* Voluntary details.

Name * Style / Title

Day Month Year

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)

Surname

Address

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

County / Region

UK Postcode

Country

Nationality

Business occupation