

Please complete in typescript, or in bold black capitals.

CHFP029

363a

Annual Return

N/w615 008119

Company Number		3207488			
Compan	y Name in full	Royal Hospital of St. Bartholomew Charitable Foundation, The			
Date of this return The information in this return is made up to 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 3 1 0 5 2 0 0 1			
		Day Month Year			
Registered Office Show here the address this return.	at the date of	200 ALDERSGATE STREET			
Any change of registered office must be notified on form 287.	Post town County / Region UK Postcode	LONDON ECCIA 4 JJ			
Principal business	activities				
Show trade classification for the principal activity of		7499 8511			
If the code number cann give a brief description o					



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 for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh Page 1

	embers embers is not kept at the ate here where it is kept.				
	Post town				
	County / Region	UK Postcode			
If there is a register or a duplicate of an	ebenture holders of debenture holders, y such register or part ept at the registered here it is kept. Post town				
	County / Region	UK Postcode			
Company typ	e				
Public limited compar	-				
Private company limited by shares Private company limited by guarantee without share capital		X			
Private company limited by shares exempt under section 30		Please tick the appropriate box			
Private company limited by guarantee exempt under section 30					
	pany with share capital				
Private unimited com	pany without share capital				
Company Sec	cretary				
(Please photocopy this area to provide		Details of a new company secretary must be notified on form 288a.			
details of joint sec- retaries).	Name * Style / Title				
* Voluntary details.	Forename(s)				
If a partnership give the names and addresses of the part- ners or the name of the partnership and office address.	Surname(s)	CLIFFORD CHANCE SECRETARIES LIMITED 200 ALDERSGATE STREET			
	Address				
Usual residential		Y			
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	ENGLAND UK Postcode E C 1 A 4 J J			
	Country				
		Page 2			

Details of new directors must be notified on form 288a **Directors** Please list directors in alphabetical order. MR * Style / Title | Name Year Day Month Directors In the case of a director that Date of birth 12 16 $/ | ^{0} | ^{2} / [^{1}]$ is a corporation or a Scottish firm, the name is the corpo-Forename(s) PETER FREDERICK rate or firm name. Surname | CARTER-RUCK LATCHMORE COTTAGE, GREAT HALLINGBURY **Address** Usual residential address must be given. In the case of a I BISHOPS STORTFORD Post town corporation or a Scottish firm, give the | HERTFORDSHIRE County / Region UK Postcode |C |M |2 |2 registered or principal office address. Country | ENGLAND Nationality | BRITISH Business occupation | SOLICITOR * Voluntary details. * Style / Title | DR. Name Day Month Year Directors In the case of a director that Date of birth is a corporation or a Scottish firm, the name is the corpo-Forename(s) | ALFRED WILLIAM MAXWELL rate or firm name.

Surname GAMMON CHURCH COTTAGE, 92 SOUTHWARK PARK ROAD **Address** Usual residential address must be given. In the case of a Post town | LONDON corporation or a Scottish firm, give the UK Postcode | S | E | 1 | 6 registered or principal County / Region office address. Country | ENGLAND | BRITISH Nationality

Business occupation | DOCTOR

Directors

Details of new directors must be notified on form 288a

Please list directors in	n alphabetical order.					
	Name * Style / Title	PROFESSOR				
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	t Date of birt	Day Month Year h 2 5 0 9 1 9 3 6				
	Forename(s	JOHN STUART PENTON				
	Surname	e LUMLEY				
Address		392 SHAKESPEARE TOWER, BARBI	CAN			
Usual residential address must be						
given. In the case of a corporation or a	1 031 1000	LONDON				
Scottish firm, give the registered or principal office address.		n	UK Postcode E C 2 Y 8 N	ل_ا ـ		
omoo daaroos.	Countr	y ENGLAND	Nationality BRITISH			
	Business occupation	PROFESSOR OF SURGERY	PROFESSOR OF SURGERY			
* Voluntary details.						
	Name * Style / Titl	e MR				
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	t Date of birt	Day Month Year h 2 7 / 0 9 / 1 9 3 4				
	Forename(s	DAVID ALPHY EDWARD RAYMOND				
	Surnam	e PEAKE	<u>, , , , , , , , , , , , , , , , , , , </u>			
Address		15 ILCHESTER PLACE				
Usual residential address must be						
given. In the case of a corporation or a Scottish firm, give the registered or principal office address.	1 OSt tow	LONDON				
	County / Regio	n	UK Postcode W 1 4 8 A			
	Countr	y ENGLAND	Nationality BRITISH			

Business occupation BANKER

Directors Please list directors is	n alphabe	tical order.	Detaile of Hell directors must be	o notined on	John 2000	
	Name	* Style / Title	MR		_	
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			
	ıt	Date of birth	0 4 / 1 0 / 1 9 4 3			
		Forename(s)	MARCUS EDWARD			
		Surname	SETCHELL			
	Address	6	64 WOOD VALE			
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			
		ounty / Region		UK Postcode	N 1 0	[3 [D [N
		Country	ENGLAND	Nationality	BRITISH	
	Busines	ss occupation	DIRECTOR			
* Voluntary details.						
	Name	* Style / Title			_	
Directors In the			Day Month Year			
case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	ıt	Date of birth				
		Forename(s)				
		Surname				
	Address	s			<u>,</u>	
Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.						
	а	Post town	1			
	e al C	County / Region		UK Postcode	; _ <u></u>	<u> </u>
oniog gudicas.		Country		Nationality		

Business occupation

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)		
			1		
	4				
	Totals				
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	There were no changes				
returns.	on paper in another format A list of changes is enclosed				
	A full list of shareholders	s is enclosed			
Certificate	I certify that the informat	tion given in this return	s true to the best of my		
	knowledge and belief.				
Signed † Please delete as appropriate.	† a director/secretary	Date	9 29/5/0,		
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	G (enter number)	ontinuation 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.	CLIFFORD CHANCE SECRETARII	ES LIMITED, 200 ALDERSGATE S	TREET, LONDON, EC1A 4JJ		
		Tel 020 7600 1000			
	DX number 606	DX exchange Lo	ndon		