

140194/15

363a

*Please complete in typescript,
or in bold black capitals.*

Annual Return

CHFP010

Company Number

4184699

Company Name in full

THE EXPERIENCE CORPS

Date of this return

The information in this return is made up
to

Day		Month		Year			
2	1	0	3	2	0	0	3

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.

16 OLD BAILEY

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

Post town

LONDON

County / Region

UK Postcode

EC4M 7EG

Principal business activities

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

7484

If the code number cannot be determined,
give a brief description of principal
activity.



A01
COMPANIES HOUSE

0692
11/04/03

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

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 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

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

TEMPLE SECRETARIAL LIMITED

16 OLD BAILEY

Post town

LONDON

County / Region

UK Postcode

EC4M 7EG

Country

Directors*Please list directors in alphabetical order.***Details of new directors must be notified on form 288a**

Name * Style / Title _____

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

Day Month Year
Date of birth 3 0 0 7 1 9 4 3

Forename(s) BRIAN ARTHUR

Surname BASHAM

Address 14 ELSWORTHY RISE

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

Post town LONDON

County / Region _____ UK Postcode NW3 3SH

Country _____ Nationality BRITISH

Business occupation DEPUTY CHAIRMAN

* Voluntary details.

Name * Style / Title PROFESSOR, SIR

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

Day Month Year
Date of birth 2 5 1 2 1 9 4 1

Forename(s) KENNETH

Surname CALMAN

Address HOLLINGSIDE HOUSE, HOLLINGSIDE LANE

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

Post town DURHAM

County / Region _____ UK Postcode DH1 3TL

Country _____ Nationality BRITISH

Business occupation VICE CHANCELLOR & WARDEN

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 corporate or a Scottish firm, the name is the corporate or firm name.

Name	* Style / Title			
	Day	Month	Year	
Date of birth	1	7	0	5
Forename(s)	PETER ROGER			
Surname	DAVIES			
Address	58 HARTFIELD CRESCENT			
Post town	WIMBLEDON			
County / Region	LONDON		UK Postcode	SW19 3SD
Country			Nationality	BRITISH
Business occupation	DEPUTY CHIEF EXECUTIVE			

* Voluntary details.

Name	* Style / Title			
	Day	Month	Year	
Date of birth	2	6	0	2
Forename(s)	STUART JAMES			
Surname	ETHERINGTON			
Address	40 WALNUT TREE ROAD			
Post town	GREENWICH			
County / Region	LONDON		UK Postcode	SE10 9EU
Country			Nationality	BRITISH
Business occupation	CHIEF EXECUTIVE			

Directors*Please list directors in alphabetical order.***Details of new directors must be notified on form 288a**

Name * Style / Title | BARONESS

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

 Day Month Year
 Date of birth | 2 | 9 | 0 | 6 | 1 | 9 | 3 | 5

Forename(s) | SALLY

Surname | GREENGROSS

Address | 9 DAWSON PLACE

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

Post town | LONDON

County / Region | UK Postcode | W2 4TD

Country | Nationality | BRITISH

Business occupation | DIRECTOR OF CHARITY

* Voluntary details.

Name * Style / Title |

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

 Day Month Year
 Date of birth | 1 | 1 | 0 | 2 | 1 | 9 | 4 | 1

Forename(s) | ELISABETH ANNE MARIAN FROST

Surname | HOODLESS

Address | FLAT 10, THE ECLIPSE BUILDING, 26 LAYCOCK STREET

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

Post town | LONDON

County / Region | UK Postcode | N1 1AH

Country | Nationality | BRITISH

Business occupation | DIRECTOR OF CHARITY

Directors*Please list directors in alphabetical order.***Details of new directors must be notified on form 288a****Name**

* Style / Title

MR

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

Day Month Year

Date of birth

2 9 1 1 1 9 4 7

Forename(s)

ARTHUR GORDON

Surname

LISHMAN

Address

42 HALIFAX ROAD, BRIERCLIFFE

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

Post town

BURNLEY

County / Region

LANCASHIRE

UK Postcode

BB10 3QN

Country

Nationality

BRITISH

Business occupation

DIRECTOR GENERAL

* Voluntary details.

Name

* Style / Title

Day Month Year

Date of birth

1 1 0 7 1 9 3 9

Forename(s)

MAVIS MERLINA

Surname

STEPHENSON BEST

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

Address

25A WELLINGTON GARDENS, CHARLTON

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

Post town

LONDON

County / Region

UK Postcode

SE7 7PJ

Country

Nationality

BRITISH

Business occupation

HUMAN RESOURCES TRAINER

Directors*Please list directors in alphabetical order.***Details of new directors must be notified on form 288a****Name***** Style / Title**

MS

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

Day Month Year

Date of birth

2 6 0 8 1 9 4 9

Forename(s)

ANNE MARGARET

Surname

WATTS

Address

35 ABBEY ROAD, BUSH HILL PARK

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

Post town

ENFIELD

County / Region

MIDDLESEX

UK Postcode

EN1 2QW

Country

Nationality

BRITISH

Business occupation

DIVERSITY DIRECTOR

* Voluntary details.

Name*** Style / Title**

Day Month Year

Date of birth

Forename(s)

Surname

Address

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

Post town

County / Region

UK Postcode

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)
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 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


For and on behalf of Temple Secretarial Limited

Date

10/4/03

† 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 made payable to **Companies House**.

This return includes

(enter number)

continuation sheets.

Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

TEMPLECO CORPORATE SERVICES , 16 OLD BAILEY, LONDON,

EC4M 7EG

Tel 0207 597 6427

DX number 160

DX exchange LONDON CHANCERY LANE