



*Companies House*  
— for the record —

**363a<sub>(ef)</sub>**

**Annual Return**



XKNOGE1N

*Received for filing in Electronic Format on the:* 12/10/2009

*Company Name:* THE PRIMARY IMMUNODEFICIENCY ASSOCIATION

*Company Number:* 05230438

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### *Company Details*

*Period Ending:* 14/09/2009

*Company Type:* PRIVATE COMPANY LIMITED BY GUARANTEE EXEMPT UNDER

*Principal Business Activities:* SECTION 30

*SIC codes:*

7487

9133

*Registered Office  
Address:*

*Register of  
Members Address:*

*Register of Debenture  
Holders Address:*

ALLIANCE HOUSE  
12 CAXTON STREET  
LONDON  
SW1H 0QS

## *Details of Officers of the Company*

### *Company Secretary 1:*

*Name:* **CHRISTOPHER JOHN  
HUGHAN**

*Address:* **- MARTINS ORCHARD  
WEST BURTON  
PULBOROUGH  
WEST SUSSEX  
RH20 1HD**

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### *Director 1 :*

*Name:* **JOSE DRABWELL**

*Address:* **5 HAYWOOD DRIVE  
HEMEL HEMPSTEAD  
HERTFORDSHIRE  
HP3 0SA**

*Date of Birth:* **18/05/1946**      *Nationality:* **DUTCH**      *Occupation:* **COMPANY DIRECTOR**

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### *Director 2 :*

*Name:* **KATHRYN VIOLET  
HENNESSY**

*Address:* **9 ANTRIM ROAD  
NEWTOWNABBEY  
COUNTY ANTRIM  
BT36 7PP**

*Date of Birth:* **03/04/1945**      *Nationality:* **BRITISH**      *Occupation:* **RETIRED**

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*Director 3 :*

*Name:*   **RAE MCNAIRNEY**

*Address:*   **10 PARDOVAN PLACE  
CAMELON  
FALKIRK  
STIRLINGSHIRE  
FK1 4BQ**

*Date of Birth:*  
              **08/07/1950**

*Nationality:*  
              **BRITISH**

*Occupation:*  
              **ADMINISTRATOR**

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*Director 4 :*

*Name:*   **ANDREW QUENTIN SCOTT  
MOORE**

*Address:*   **69 LONG FALLOW  
CHISWELL GREEN  
ST ALBANS  
HERTFORDSHIRE  
AL2 3ED**

*Date of Birth:*  
              **22/10/1951**

*Nationality:*  
              **BRITISH**

*Occupation:*  
              **CHARTERED ACCOUNTANT**

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*Director 5 :*

*Name:*   **JOHN SPENCER FREDERICK  
RIXON**

*Address:*   **34 HELSTON ROAD  
NAILSEA  
BRISTOL  
AVON  
BS48 2UA**

*Date of Birth:*  
              **20/05/1955**

*Nationality:*  
              **BRITISH**

*Occupation:*  
              **HEALTH SERVICE  
ADMINISTRATOR &**

*Director 6 :*

*Name:* **DR ANTHONY DAVID  
BONYTHON WEBSTER**

*Address:* **14 UXBRIDGE ROAD  
STANMORE  
MIDDLESEX  
HA7 3LE**

*Date of Birth:* **01/03/1940**

*Nationality:* **BRITISH**

*Occupation:* **DOCTOR**

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*Authorisation*

*Authoriser Designation:* **secretary**

*Date Authorised:* **12/10/2009**

*Authenticated:* **Yes**