



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **27/11/2015**

X4L0YBA1

Company Name: **WWII LIMITED**

Company Number: **08760652**

Date of this return: **04/11/2015**

SIC codes: **72190**

Company Type: **Private company limited by guarantee**

Situation of Registered Office: **WELSH WOUND INNOVATION CENTRE RHODFA MARICS
YNYSMAERDY
PONTYCLUN
MID GLAMORGAN
CF72 8UX**

Officers of the company

Company Director 1

Type: **Person**
Full forename(s): **PROFESSOR ROBERT MARC**

Surname: **CLEMENT**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: ****/11/1953** Nationality: **BRITISH**

Occupation: **ACADEMIC**

Company Director 2

Type: **Person**
Full forename(s): **MRS CAROLYN ANNE**

Surname: **DONOGHUE**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/08/1963** Nationality: **BRITISH**

Occupation: **COLLEGE REGISTRAR**

Company Director 3

Type: **Person**
Full forename(s): **PROFESSOR KEITH GORDON**

Surname: **HARDING**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: ****/12/1952** *Nationality:* **BRITISH**

Occupation: **CHIEF EXECUTIVE OFFICER &
MEDICAL DIRECTOR**

Company Director 4

Type: **Person**
Full forename(s): **SIR ROGER SPENCER**

Surname: **JONES**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **WALES**

Date of Birth: ****/07/1943** *Nationality:* **BRITISH**

Occupation: **CHAIR OF COUNCIL AND PRO-
CHANCELLOR, SWANSEA UNI**

Company Director **5**

Type: **Person**
Full forename(s): **PROFESSOR KEVIN JOHN**

Surname: **MORGAN**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **WALES**

Date of Birth: ****/01/1953** *Nationality:* **BRITISH**

Occupation: **UNIVERSITY PROFESSOR**

Company Director **6**

Type: **Person**
Full forename(s): **MRS FIONA NATALIE**

Surname: **PEEL**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: ****/11/1950** *Nationality:* **BRITISH**

Occupation: **SELF EMPLOYED**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.