



Companies House
— for the record —

363a^(ef)

Annual Return



XMT4BAXY

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Company Name: **TOURETTE SYNDROME (UK) ASSOCIATION**

Company Number: **02613993**

Company Details

Period Ending: **23/05/2009**

Company Type: **PRIVATE COMPANY LIMITED BY GUARANTEE EXEMPT UNDER
SECTION 30**

Principal Business Activities:

SIC codes:

9133

*Registered Office
Address:*

**SOUTHBANK HOUSE
BLACK PRINCE ROAD
LONDON
SE1 7SJ**

*Register of
Members Address:*

**SOUTHBANK HOUSE
BLACK PRINCE ROAD
LONDON
UK
SE1 7SJ**

*Register of Debenture
Holders Address:*

Details of Officers of the Company

Company Secretary 1:

Name: **JUDITH MARY KIDD**

Address: **24 DALE ROAD
PURLEY
SURREY
CR8 2EB**

Director 1 :

Name: **MR ROGER DAVID RENFREE** *Address:* **THE OAKS COTTAGE LA ROUTE DE
BARONS**

**BEAUMONT
ST PETER
JERSEY
JE3 7BQ**

Date of Birth: **15/08/1962** *Nationality:* **BRITISH** *Occupation:* **ACCOUNTANT**

Director 2 :

Name: **KAYE VERONICA DANN**

Address: **75 TOLWORTH PARK ROAD
SURBITON
SURREY
KT6 7RJ**

Date of Birth: **31/10/1957** *Nationality:* **BRITISH** *Occupation:* **NONE**

Director 3 :

Name: **MR PETER BRIAN HOLMES** *Address:* **78 PINE GROVE
WIMBLEDON
LONDON
SW19 7HE**

Date of Birth: **22/03/1955** *Nationality:* **BRITISH** *Occupation:* **SENIOR MANAGER**

Director 4 :

Name: **MARK TERENCE LINCOLN** *Address:* **TIGH NA CROFT MANSE ROAD
KILLIN
PERTSHIRE
FK21 8UY**

Date of Birth: **04/12/1959** *Nationality:* **BRITISH** *Occupation:* **IT CONSULTANT**

Director 5 :

Name: **PETER ROBIN PAXTON** *Address:* **23 LONSDALE ROAD
LONDON
SW13 9JP**

Date of Birth: **14/04/1951** *Nationality:* **BRITISH** *Occupation:* **EXECUTIVE**

Director 6 :

Name: **PROFESSOR ROBERT
GILLAN PECKITT**

Address: **47A CAROLGATE
RETFORD
NOTTINGHAMSHIRE
DN22 6BZ**

Date of Birth: **18/07/1957** *Nationality:* **BRITISH**

Occupation: **CONSULTANT FORENSIC
PSYCIATRIS**

Director 7 :

Name: **DR JEREMY STERN**

Address: **211 WATERLOO GARDENS
LONDON
N1 1TY**

Date of Birth: **12/01/1967** *Nationality:* **BRITISH**

Occupation: **CONSULTANT
NEUROLOGIST**

Authorisation

Authoriser Designation: **director**

Date Authorised: **22/06/2009**

Authenticated: **Yes (E/W)**