Companies House
— for the record —

AR01 (ef)

Annual Return

Received for filing in Electronic Format on the: **03/05/2012**

X185YESZ

Company Name:	**DEAFBLIND U.K.**
Company Number:	**02426281**
Date of this return:	**25/04/2012**
SIC codes:	**88990**
Company Type:	**Private company limited by guarantee exempt under section 60**
Situation of Registered Office:	**NATIONAL CENTRE FOR DEAFBLINDNESS JOHN & LUCILLE VAN GEEST PLACE CYGNET ROAD HAMPTON PETERBOROUGH PE7 8FD**

Officers of the company

Company Secretary 1

Type: **Person**

Full forename(s): **DIANE**

Surname: **STONEHOUSE**

Former names:

Service Address: **NATIONAL CENTRE FOR DEAFBLINDNESS JOHN & LUCILLE VAN GEEST PLACE CYGNET ROAD HAMPTON PETERBOROUGH PE7 8FD**

Company Director 1

Type: **Person**

Full forename(s): **SARAH ELIZABETH**

Surname: **ARNULL HENRY**

Former names:

Service Address: **NATIONAL CENTRE FOR DEAFBLINDNESS JOHN & LUCILLE VAN GEEST PLACE CYGNET ROAD HAMPTON PETERBOROUGH PE7 8FD**

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

Date of Birth: **04/02/1953** *Nationality:* **BRITISH**

Occupation: **RETIRED**

Company Director 2

Type: **Person**

Full forename(s): **MRS LIZ**

Surname: **BATES**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: **31/12/1961** *Nationality:* **BRITISH**

Occupation: **CONSULTANT**

Company Director 3

Type: **Person**

Full forename(s): **MR DAVID THOMAS**

Surname: **EVANS**

Former names:

Service Address: **NATIONAL CENTRE FOR DEAFBLINDNESS JOHN & LUCILLE VAN GEEST PLACE CYGNET ROAD HAMPTON PETERBOROUGH PE7 8FD**

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

Date of Birth: **09/10/1947** *Nationality:* **BRITISH**

Occupation: **CONSULTANCY**

Company Director 4

Type: **Person**

Full forename(s): **MR JOHN PHILLIP**

Surname: **GREENHALGH**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: **24/02/1959** *Nationality:* **BRITISH**

Occupation: **ACCOUNTANT**

Company Director 5

Type: **Person**

Full forename(s): **MR GORDON**

Surname: **LISTER**

Former names:

Service Address: **NATIONAL CENTRE FOR DEAFBLINDNESS JOHN & LUCILLE VAN GEEST PLACE CYGNET ROAD HAMPTON PETERBOROUGH PE7 8FD**

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

Date of Birth: **28/04/1940** *Nationality:* **BRITISH**

Occupation: **RETIRED**

Company Director *6*

Type: **Person**

Full forename(s): **MS ROSEMARY ADA**

Surname: **SANDFORD**

Former names:

Service Address: **NATIONAL CENTRE FOR DEAFBLINDNESS JOHN & LUCILLE VAN GEEST PLACE CYGNET ROAD HAMPTON PETERBOROUGH PE7 8FD**

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

Date of Birth: **18/04/1939** *Nationality:* **BRITISH**

Occupation: **FREELANCE WRITER**

Company Director 7

Type: **Person**

Full forename(s): **PETER**

Surname: **SKIVINGTON**

Former names:

Service Address: **NATIONAL CENTRE FOR DEAFBLINDNESS JOHN & LUCILLE VAN GEEST PLACE CYGNET ROAD HAMPTON PETERBOROUGH PE7 8FD**

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

Date of Birth: **29/01/1948** *Nationality:* **BRITISH**

Occupation: **COMPANY DIRECTOR**

Authorisation

Authenticated

This form was authorised by one of the following:

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