



Companies House
— for the record —

AR01 (ef)

Annual Return



XJRGZDYX

Received for filing in Electronic Format on the: **09/10/2009**

Company Name: **BOYD MORISON RISK MANAGEMENT LTD.**

Company Number: **03258318**

Date of this return: **02/10/2009**

SIC codes: **7487**

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

Situation of Registered Office: **CLIVE TRAMONTINI & CO, BRUCE
HOUSE, 15 THE STREET, HATFIELD
PEVEREL, CHELMSFORD
ESSEX
CM3 2DP**

Single Alternative Inspection Location (SAIL)

The address for an alternative location to the company's registered office for the inspection of registers is:

**C/O CLIVE TRAMONTINI & CO
15 THE STREET
HATFIELD PEVEREL
CHELMSFORD
UNITED KINGDOM
CM3 2DP**

The following records have moved to the single alternative inspection location:

Register of members (section 114)
Register of directors (section 162)
Register of secretaries (section 275)

Officers of the company

Company Secretary **1**

<i>Type:</i>	Person
<i>Full forename(s):</i>	ALISON MARGARET
<i>Surname:</i>	EDWARDS
<i>Former names:</i>	
<i>Service Address:</i>	8 NEW ROAD CHELMSFORD ESSEX CM1 7AN

Company Director *1*

Type: **Person**
Full forename(s): **MR DAVID ROBERT**
Surname: **EDWARDS**
Former names:
Service Address: **8 NEW ROAD**
 CHELMSFORD
 ESSEX
 CM1 7AN

Country/State Usually Resident: **ENGLAND**

Date of Birth: **19/04/1955** *Nationality:* **BRITISH**
Occupation: **RISK MANAGEMENT**
 SURVEYOR

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	3
<i>Currency</i>	GBP	<i>Aggregate nominal value</i>	30
		<i>Amount paid</i>	10
		<i>Amount unpaid</i>	0
<i>Prescribed particulars</i>	RIGHT TO VOTE AT GENERAL MEETING. RIGHT TO PARTICIPATE IN ALL DISTRIBUTIONS.		

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	3
		<i>Total aggregate nominal value</i>	30

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 02/10/2009 or that had ceased to be shareholders since the made up date of the previous Annual Return

Presenter information

Contact Name:

Address:

Authorisation

Authenticated

This form was authorised by one of the following:

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