

Please complete in typescript, or in bold black capitals.

16 x 6340

Annual Return

**Company Number** 

3540139

Company Name in full

Cordis Consulting Limited



Date of this return (See note 1) The information in this return is made up to

Day Month Year 03 04 2000

Date of next return(See note 2) If you wish to make your next return to a date earlier than the anniversary of this return please show the date here. Companies House will then send a form at the appropriate time.

Day	Month	Year
03	04	2001

TEN TRINITY SQUARE

Registered Office(See note 3) Show here the address at the date of this return.

Any change of registered office must be notified on form 287.

Post town

County / Region

Postcode

LONDON

EC3P 3AX

## Principal business activities

(See note 4)

Show trade classification code number(s) for the principal activity or activities.

If the code number cannot be determined, give a brief description of principal activity.

ADVISERS AND CONSULTANTS ON ALL MATTERS RELATING TO RISK AND ITS

MANAGEMENT FOR ALL TYPES OF INSURANCE, REINSURANCE AND OTHER.



**COMPANIES HOUSE** 

07/06/00

\*L3M2UW1Xx LD4 COMPANIES HOUSE Form revised March 1990

28/04/00

When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

If the register of m	embers i	Ders(See note 5) is not kept at the							
registered office, s	state here	e where it is kept.							==
		Post town		*					
		County / Region					Postcode		==
		,							
	Deber	nture holders							
(See note 6) If there is a registe and it is not kept a state here where it	t the reg	istered office,							===
		Post town							
		County / Region					Postcode		
Company ty	pe (See	e note 7)							
Public limited compa	ny								
Private company limi	ted by sha	ares	X						
Private company limi share capital	ted by gu	arantee without							
Private company limi section 30	Please mark the appropriate box								
Private company limi under section 30	ted by gu	arantee exempt							
Private unlimited con	npany with	h share capital							
Private unlimited com	npany with	hout share capital							
Company Se	ecreta	<b>Ify</b> (see notes 1-5)	Details of	a new co	mpan	ıy secretary	must be notifi	ied on form 288a.	
(Please photocopy this area to provide details of joint	Name	* Style / Title					*Honours etc	FCIS	
secretaries).		Forename(s)	MICHAEL F	PATRICK					
* Voluntary details.	/	Surname	CHITTY						
	Prev	vious forename(s)			***				
	Pre	evious surname(s)							
	Addres	ss	17 ESKDAL	E ROAD					
Usual resident									
address <sub>must</sub> be given. In the case	Post town	BEXLEYHE	ATH						
corporation, give registered or prinoffice address.	the cipal	County / Region	KENT				Postcode	DA7 5DL	
		Country	ENGLAND						

Please list direc	ee notes 1 t ctors in al	o 5)  phabetical order.	Details of new director	ors must be notifie	ed on form	288a			
	Name	* Style / Title		and the second s		Day	Month	Year	
		* Honours etc		Date	e of birth	28	04	1963	
Forename(s)			GRAHAME JOHN						
		Surname	MILLWATER						
	Pre	vious forename(s)							
	Pre	evious surname(s)							
	Addres	s	CORAM STREET FARM,	CORAM STREET					
Usual resider									
address must given. In the case	se of a	Post town	HADLEIGH						
corporation, given registered or prioffice address.	incipal	County / Region	SUFFOLK		Postcode	IP7 5N	R		
		Country			lationality	BRITIS	: ;H		
	Busines	ss occupation	REINSURANCE BROKER						
	Other d	irectorships	NO OTHER DIRECTORS	HIPS	***************************************				
* Voluntary details.									
	Name	* Style / Title	MR			Day	Month	Year	
		* Honours etc		Date	of birth	23	12	1956	
		Forename(s)	OLIVER LARS EDWIN						
	/	Surname	PETERKEN						
	Pre	vious forename(s)							
	Pre	evious surname(s)							
	Address	5	44 GLASSLYN ROAD, CROUCH END						
Usual resider address must l									
given. In the cas	ase of a	Post town	LONDON						
registered or pri office address.	ino pai	County / Region			Postcode	N8 8RI	1		
		Country	ENGLAND	N	lationality				
	Busines	ss occupation	INSURANCE EXECUTIVE /						
	Other di	irectorships	NO OTHER DIRECTORSHIPS						

Directors (se	ee notes 1-5) ctors in ali	) ohabetical order	Details of new directors mus	st be notified on forn	ı 288a.				
-	Name	* Style / Title			Day	Month	Year		
		* Honours etc		Date of birth	16	02	1966		
		Foreneme(s)	IAIN VYVYAN						
		Surname	POCOCK						
	Prev	vious forename(s)							
	F	Previous surname							
	Address	•	MAYTHORNS, WHITESFIELD						
Usual reside		X							
address must given. In the ca	be	Post town	EAST BURGHOLT						
corporation, giver registered or pr	e the	County / Region	SUFFOLK	Postcode	C07 6	SP			
office address.	-	Country	ENGLAND		L				
	National	lity	BRITISH						
	Busines	s occupation	ACCOUNTANT						
Other directorships			WILLIS CORROON ASSET MANAGEMENT LIMITED						
	Name	* Style / Title			Davi	Mande	V		
	1141110	* Honours etc		Date of birth	Day 07	Month 04	1949		
		Forename(s)	TIMOTHY ROGER HOLT	Date of birth					
		, ,							
	<b>D</b>	Surname	THOMAS						
		rious forename(s)							
	ŀ	Previous surname							
	Address		HILL FARM, CHARSFIELD						
Usual resider			NR WOODBRIDGE						
address must given. In the ca	case of a give the								
corporation, giver registered or prooffice address.			SUFFOLK Postcode IF		IP13 7	IP13 7PL			
		Country							
Nationality  Business occupation			BRITISH		<u>.</u>				
			CHARTERED ACCOUNTANT	J					
	Other di	rectorships	See attached list						
* Voluntary details.				Pos	3 Con	tinuation	sheet		

· · ·	Other relevant directorships
Company Number	3540139
Company Name	Cordis Consulting Limited
Directors Name	THOMAS TIMOTHY ROGER HOLT
† Directors only. † Other directorships	MALAYAN INSURANCE COMPANY (UK) LIMITED
	MARVARAY LIMITED
NOTES	NAME OF THE PARTY
Show the full forenames, NOT INITIALS. If the director or secretary is a corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential line.	WAUSAU INSURANCE COMPANY (UK) LIMITED
Give previous forenames or surname(s) except: for a married woman, the name by which she was known before marriage need not be given.	
for names not used since the age of 18 or for at least 20 years	
A peer or individual known by a title may state the title nstead of or in addition to the forenames and surname and need not give the name by which that person was known before he or she adopted the title or preceded o it.	
Other directorships.	
Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.	
You may exclude a company which either is, or at all imes during the past five years when the person concerned was a director, was	
dormant	
a parent company which wholly owned the company making the return, or	
another wholly owned subsidiary of the same parent company.	
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Issued share capital (see note 9) Enter details of all the shares in issue at the date of this return.	Class (e.g. Ordinary/Preference)	Number of shares issued	Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share)			
	ORD £1.00	2	£ 2			
	Totals	2	£ 2.00			
List of past and present members (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two	There were no changes	in the period				
returns.		on paper	in another format			
(see note 10)	A list of changes is enclo	osed				
	A full list of members is	enclosed X				
Elective resolutions (Private companies only) (See note 11)	If at the date of this retu	rn an election is in force annual general meeting				
	If at the date of this return laying according	rn an election is in force ounts in general meetings	to dispense with s, mark this box			
Certificate	I certify that the informat knowledge and belief.	ion given in this return is	true to the best of my			
Signed	M Chit	Date	28/4/2000			
† Please delete as appropriate.	† a director/secretary					
When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to Companies House.	This return includes	(enter number)	ntinuation sheets.			
Please give the name, address, telephone number, and if available, a DX number and Exchange, for the person Companies House should	MISS T M WARREN, TEN TRINITY	SQUARE, LONDON, EC3P 3AX				
contact if there is any query.		Tel 0171 481 7004				
	DX number	DX exchange				



Please complete in typescript, or in bold black capitals.

## List of past and present members Schedule to form 363a, 363b

Company Number	3540139						
Company Name in full	Cordis Consulting Limited						
	Number of shar or amount of stock held by existing membe at date of this return.	the date first returns compan	Particulars of shares or stock transferred sin the date of the last return (or in the case of the first return, since the incorporation of the company) by (a) persons who are still members, and (b) persons who have ceased to be member				
Name and address	Number or amount currently held	Number or amount Transferred	Date of registration of transfer	Remarks			
WILLIS CORROON NOMINEES LIMITED TEN TRINITY SQUARE, LONDON, EC3P 3AX	Ord £1.00						
WILLIS FABER LIMITED TEN TRINITY SQUARE, LONDON, EC3P 3AX	Ord £1.00	·					
TEN THINKS TO SECRETE, ECHIDON, ECOP SAX							