



**Companies House**  
— for the record —

**AR01** (ef)

**Annual Return**



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*Company Name:* **BRITISH OLYMPIC FOUNDATION**

*Company Number:* **06272889**

*Date of this return:* **07/06/2012**

*SIC codes:* **85590**

*Company Type:* **Private company limited by guarantee exempt under section 60**

*Situation of Registered Office:* **C/O BRITISH OLYMPIC FOUNDATION  
60 CHARLOTTE STREET  
LONDON  
UNITED KINGDOM  
W1T 2NU**

**Officers of the company**

## *Company Secretary 1*

*Type:* **Person**  
*Full forename(s):* **MR KEVIN RONALD**

*Surname:* **SHOULER**

*Former names:*

*Service Address:* **80 HOGARTH CRESCENT  
LONDON  
UNITED KINGDOM  
SW19 2DW**

*Company Director*    ***1***

*Type:*                                **Person**

*Full forename(s):*                **JOHN CHRISTOPHER URMSTON**

*Surname:*                                **JAMES**

*Former names:*

*Service Address:*                        **PARKFIELD COTTAGE 18 OSTERLEY ROAD  
ISLEWORTH  
MIDDLESEX  
TW7 4PD**

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

*Date of Birth:*    **22/06/1937**                                *Nationality:*    **BRITISH**

*Occupation:*    **RETIRED GENERAL SECRETARY**

*Company Director* 2

*Type:* **Person**

*Full forename(s):* **LORD COLIN BERKELEY**

*Surname:* **MOYNIHAN**

*Former names:*

*Service Address:* **FRANT PLACE  
WADHURST ROAD, FRANT  
TUNBRIDGE WELLS  
EAST SUSSEX  
TN3 9EJ**

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

*Date of Birth:* **13/09/1955** *Nationality:* **BRITISH**

*Occupation:* **COMPANY DIRECTOR**

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*Company Director*    **3**

*Type:*                                **Person**  
*Full forename(s):*                **DR NEIL WILLIAM NORMAN**

*Surname:*                         **TOWNSHEND**

*Former names:*

*Service Address:*                **PEEL HOUSE  
HIGH STREET  
BROADWAY  
WORCESTERSHIRE  
WR12 7AJ**

*Country/State Usually Resident:*    **ENGLAND**

*Date of Birth:*    **29/05/1955**                                *Nationality:*    **BRITISH**

*Occupation:*    **MEDICAL PRACTITIONER**

*Authorisation*

*Authenticated*

*This form was authorised by one of the following:*

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