



Companies House

**AR01** (ef)

**Annual Return**



Received for filing in Electronic Format on the: 20/11/2015

X4KL7D7S

*Company Name:* AUTISM PARTNERSHIP UK LIMITED

*Company Number:* 06419094

*Date of this return:* 06/11/2015

*SIC codes:* 85320

*Company Type:* Private company limited by guarantee

*Situation of Registered Office:* VICTORIA HOUSE HENSHAW LANE  
YEADON  
LEEDS  
WEST YORKSHIRE  
LS19 7RZ

## 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 BROWN BUTLER  
LEIGH HOUSE 28-32 ST. PAULS STREET  
LEEDS  
UNITED KINGDOM  
LS1 2JT**

*There are no records kept at the above address*

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### Officers of the company

#### *Company Secretary 1*

*Type:* **Person**  
*Full forename(s):* **JAMISON DAYHARSH**

*Surname:* **LEAF**

*Former names:*

*Service Address:* **275 NIETO  
LONG BEACH  
CALIFORNIA  
90803  
USA**

*Company Director*    **1**

*Type:*                      **Person**

*Full forename(s):*        **LOUISE**

*Surname:*                **BALDWIN**

*Former names:*

*Service Address recorded as Company's registered office*

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

*Date of Birth:*    **\*\*/07/1979**

*Nationality:*    **BRITISH**

*Occupation:*    **SITE DIRECTOR**

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*Company Director* 2

*Type:* **Person**  
*Full forename(s):* **JAMISON DAYHARSH**

*Surname:* **LEAF**

*Former names:*

*Service Address:* **275 NIETO  
LONG BEACH  
CALIFORNIA  
90803  
USA**

*Country/State Usually Resident:* **USA**

*Date of Birth:* **\*\*/05/1957** *Nationality:* **AMERICAN**  
*Occupation:* **PSYCHOTHERAPIST**

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*Company Director*    3

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

*Surname:*                **LEAF**

*Former names:*

*Service Address:*        **275 NIETO  
LONG BEACH  
CALIFORNIA 90803  
USA**

*Country/State Usually Resident:*    **USA**

*Date of Birth:*    **\*\*/10/1953**                      *Nationality:* **AMERICAN**  
*Occupation:*    **PSYCHOLOGIST**

*Company Director* 4

*Type:* **Person**

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

*Surname:* **MCEACHIN**

*Former names:*

*Service Address:* **8841 ARCEL CIRCLE  
HUNTINGDON BEACH  
CALIFORNIA 92646  
USA**

*Country/State Usually Resident:* **USA**

*Date of Birth:* **\*\*/05/1952**

*Nationality:* **AMERICAN**

*Occupation:* **PSYCHOLOGIST**

*Company Director*    **5**

*Type:*                                **Person**

*Full forename(s):*                **JULIE**

*Surname:*                            **MCEACHIN**

*Former names:*

*Service Address:*                **8841 ARCEL CIRCLE  
HUNTINGDON BEACH  
CALIFORNIA 92646  
USA**

*Country/State Usually Resident:*    **USA**

*Date of Birth:*    **\*\*/04/1957**

*Nationality:*    **AMERICAN**

*Occupation:*    **ADMINISTRATOR**

### *Authorisation*

*Authenticated*

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

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