



Companies House

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **29/10/2015**

X4J27M4B

Company Name: **MQ: TRANSFORMING MENTAL HEALTH**

Company Number: **07406055**

Date of this return: **13/10/2015**

SIC codes: **74990**

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

Situation of Registered Office: **4TH FLOOR WEST
1-5 CLERKENWELL ROAD
LONDON
EC1M 5PA**

Officers of the company

Company Director 1

Type: **Person**
Full forename(s): **DR SARAH JANE**

Surname: **CADDICK**

Former names:

Service Address recorded as Company's registered office

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

Date of Birth: ****/01/1969** Nationality: **BRITISH**

Occupation: **NEUROSCIENCE ADVISOR**

Company Director 2

Type: **Person**
Full forename(s): **DR PHILIP**

Surname: **CAMPBELL**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/04/1951** Nationality: **BRITISH**

Occupation: **SCIENTIST**

Company Director 3

Type: **Person**

Full forename(s): **PROFESSOR CHRISTOPHER GRANVILLE**

Surname: **FAIRBURN**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/09/1950** *Nationality:* **BRITISH**

Occupation: **PROFESSOR OF NEUROSCIENCE**

Company Director 4

Type: **Person**
Full forename(s): **PROFESSOR EMILY**

Surname: **HOLMES**

Former names:

Service Address: **MRC COGNITION & BRAIN SCIENCES UNIT, 15 CHAUCER RD
CHAUCER ROAD
CAMBRIDGE
ENGLAND
CB2 7EF**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/04/1971** *Nationality:* **BRITISH AND SWEDISH**
Occupation: **PROFESSOR**

Company Director **5**

Type: **Person**
Full forename(s): **MR SHAUN PATRICK ROBERT**

Surname: **HORAN**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/01/1973** *Nationality:* **BRITISH**

Occupation: **MANAGING DIRECTOR**

Company Director **6**

Type: **Person**
Full forename(s): **PROFESSOR RICHARD GRAHAM MICHAEL**

Surname: **MORRIS**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **SCOTLAND**

Date of Birth: ****/06/1948** *Nationality:* **BRITISH**

Occupation: **NEUROSCIENTIST**

Company Director 7

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

Surname: **WALKER-ARNOTT**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/09/1939**

Nationality: **BRITISH**

Occupation: **LAWYER**

Company Director 8

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

Surname: **WILSON**

Former names:

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/12/1943**

Nationality: **BRITISH**

Occupation: **WEALTH MANAGEMENT**

Authorisation

Authenticated

This form was authorised by one of the following:

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