



LL 75x5
249376

363a

Please complete in typescript,
or in bold black capitals.

Annual Return

CHFP029

Company Number 1689758

Company Name in full Willis Japan Limited

Date of this return

The information in this return is made up to

Day Month Year
0 1 / 0 5 / 2 0 0 1

Date of next return

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
0 1 / 0 5 / 2 0 0 2

Registered Office

Show here the address at the date of this return.

TEN TRINITY SQUARE

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

Post town LONDON

County / Region

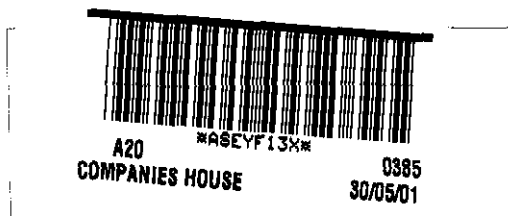
UK Postcode E C 3 P 3 A X

Principal business activities

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

6603

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



When you have completed and signed the form please send it to the Registrar of Companies at:
Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff
for companies registered in England and Wales
or
Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB
for companies registered in Scotland **DX 235 Edinburgh**

Register of members

If the register of members is not kept at the registered office, state here where it is kept.

Post town _____

County / Region _____ UK Postcode

Register of Debenture holders

If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state here where it is kept.

Post town _____

County / Region _____ UK Postcode

Company type

Public limited company

Private company limited by shares

Private company limited by guarantee without share capital

Private company limited by shares exempt under section 30

Private company limited by guarantee exempt under section 30

Private unlimited company with share capital

Private unlimited company without share capital

Please tick the appropriate box

Company Secretary

(Please photocopy this area to provide details of joint secretaries).

Details of a new company secretary must be notified on form 288a.

* Voluntary details.

If a partnership give the names and addresses of the partners or the name of the partnership and office address.

Name

* Style / Title _____

Forename(s)

TRACY MARINA

Surname(s)

WARREN

Address

THE MOLEHILL

HOLLOW ROAD, MOLEHILL GREEN

Post town

NR FELSTED, DUNMOW

County / Region

ESSEX

UK Postcode

C M 6 3 J F

Country _____

Usual residential address must be given. In the case of a corporation, or a Scottish firm, give the registered or principal office address.

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

Name * Style / Title _____

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Day Month Year
Date of birth 1 4 / 0 3 / 1 9 5 1

Forename(s) MICHAEL PATRICK _____

Surname CHITTY _____

Address 17 ESKDALE ROAD _____

Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.

Post town BEXLEYHEATH _____

County / Region KENT UK Postcode D A 7 _____ 5 D L

Country ENGLAND Nationality BRITISH _____

Business occupation CHARTERED SECRETARY _____

* Voluntary details.

Name * Style / Title _____

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Day Month Year
Date of birth 2 1 / 1 0 / 1 9 4 5

Forename(s) MICHAEL DAVID TUFNELL _____

Surname FABER _____

Address 2A LYALL MEWS _____

Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.

Post town LONDON _____

County / Region _____ UK Postcode S W 1 X _____ 8 D J

Country _____ Nationality BRITISH _____

Business occupation INSURANCE BROKER _____

Issued share capital

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, or total amount of stock)

ORD £1.00	1,000	£ 1,000.00
Totals	1,000	£ 1,000.00

List of past and present shareholders

(Use attached schedule where appropriate)

A full list is required if one was not included with either of the last two returns.

There were no changes in the period

on paper in another format

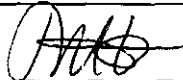
A list of changes is enclosed

A full list of shareholders is enclosed

Certificate

I certify that the information given in this return is true to the best of my knowledge and belief.

Signed



Date

24/05/07

† 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

continuation sheets.

(enter number)

Please give the name, address, telephone number, and if available, a DX number and Exchange, for the person Companies House should contact if there is any query.

MISS T M WARREN, TEN TRINITY SQUARE, LONDON, EC3P 3AX

Tel 020 7481 7004

DX number

DX exchange

