

## 88(2) **Return of Allotment of Shares**

Please complete in typescript, or in bold black capitals. CHFP000

**Company Number** 

Company name in full

62	403	74	_

STH	ENGINEERING	LTD	

## Shares allotted (including bonus shares):

Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)

From	То		
Day Month Year	Day Month Year		
0,80,52,0,0,7			

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

ORDINARY		
98 "		-
£1		
<i>t</i> -98		

List the names and addresses of the allottees and the number of shares allotted to each overleaf

If the allotted shares are fully or partly paid up otherwise than in cash please state:

% that each share is to be treated as paid up

Consideration for which the shares were allotted (This information must be supported by the duly stamped contract or by the duly stamped particulars on Form 88(3) if the contract is not in writing)

100%		
		<del></del>





12/06/2007

**COMPANIES HOUSE** 

Form revised January 2000

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

Companies House, Crown Way, Cardiff CF14 3UZ

For companies registered in England and Wales

DX 33050 Cardiff

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

**DX 235** Edinburgh

Shareholder details	Shares and share of	Shares and share class allotted	
Name MR STEVEN HORRIGAN	' Class of shares allotted	Number allotted	
Address 9 FAVOURITE ROAD	ORDINARY	. 98	
WHITSTABLE KENT			
UK Postcode CISL せいB	<u> </u>	L	
Name	Class of shares allotted	Number allotted	
Address	-		
		L	
UK Postcode ここここここ		L	
Name	Class of shares allotted	Number allotted	
Address			
L	_		
UK Postcode			
Name	Class of shares allotted	Number allotted	
Address			
		L	
UK Postcode LLLL		<u> </u>	
Name	Class of shares allotted	Number allotted	
Address	_		
L		L	
		L	
UK Postcode		L	
Please enter the number of continuation sheets (if any) attached to the	is form		
Signed A	Date 8.6 07		
A director / secretary / administrator / administrative receiver / receiver manager / re	eceiver Please	delete as appropriate	
Please give the name, address, telephone number and, if available,			
a DX number and Exchange of the 29 BYRON ROAD,			
contact if there is any query.	Tel		

DX number

DX exchange