

Return of Allotment of Shares

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

Company Number

290	4719	
0/0		

Company name in full	e in full SW185 SEAR LIMITED		
Shares allotted (including bon	nus shares):		
	From	То	
Date or period during which shares were allotted	Day Month Year	Day Month Year	
(If shares were allotted on one date enter that date in the "from" box)	0/10/32002		
Class of shares (ordinary or preference etc)	ODINANY L		
Number allotted	98		
Nominal value of each share	£1		
Amount (if any) paid or due on each share (including any share premium)	h Z/		
List the names and addresses of the	e allottees and the number of shares allo	tted to each overleaf	
If the allotted shares are fully	or partly paid up otherwise than in	ո 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)			
	When you have completed and	d signed the form cond it to	

Tł A08
COMPANIES HOUSE 02/05/02 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

DX 33050 Cardiff

For companies registered in England and Wales

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

DX 235 Edinburgh

Names and addresses of the allottees (List joint share allotments consecutively)

Shareholder details	Shares and share cl	Shares and share class allott	
Name Mn. Maxenam B. ESTAFNOUS	Class of shares allotted	Number allotted	
Address 151 RINGGIAG	_ ondinany £1	98	
Souther C	1		
MIDDY UK Postcode UB2 こ SST		1	
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode L L L L L	L	L	
Name	Class of shares allotted	Number allotted	
Address	_		
UK Postcode		L	
Name	Class of shares allotted	Number allotted	
Address			
		L	
UK Postcode			
Name	Class of shares allotted	Number allotted	
Address	-		
		L	
UK Postcode		L	
Please enter the number of continuation sheets (if any) attached to this	form		
Washi P	. 30/4/2002		
A director / secretary / administrator / administrative receiver / receiver manager / rec	eiver Please dele	te as appropri	

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

	DIVECHA LIMITED
29	WECKET ON STREET
<u></u>	ondow WIM 8/12 Tel 070 7486 9893
DX number	DX exchange