



Companies House
— for the record —

88(2)

Return of Allotment of Shares

CHFP000

Company Number

4047611

Company name in full

TAILOR. MADE OFFICE SUPPLIES 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

To

Day Month Year

Day Month Year

3 0 09 20 00

Class of shares

(ordinary or preference etc)

ORDINARY

Number allotted

398

Nominal value of each share

£1

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

1

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

| | | |
|--|--|--|
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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)

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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

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

| Shareholder details | | Shares and share class allotted | |
|--|--|---|--|
| Name CHRISTOPHER JOHN PENHALIGON Address 26 WALNUT CLOSE NAILSEA SOMERSET UK Postcode BS484YH | | Class of shares allotted ORDINARY | Number allotted 199 |
| Name SANDRA JANE PENHALIGON Address 26 WALNUT CLOSE NAILSEA SOMERSET UK Postcode BS484YH | | Class of shares allotted ORDINARY | Number allotted 199 |
| Name Address UK Postcode | | Class of shares allotted | Number allotted |
| Name Address UK Postcode | | Class of shares allotted | Number allotted |
| Name Address UK Postcode | | Class of shares allotted | Number allotted |

Please enter the number of continuation sheet(s) (if any) attached to this form

NIL

Signed

C. Penhaligon

Date

20/7/01

A director / ~~secretary~~ / administrator / administrative receiver / receiver manager / receiver

Please delete as appropriate

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.

| | |
|-----------|-------------|
| | |
| | |
| Tel | |
| DX number | DX exchange |