

0/01

Please complete in typescript, or in bold black capitals.

88(
Return of Allotment	of Share	, es

CHWP000 Company Number	1003653				
Company name in full	WPP Group plc				
Shares allotted (including bo	nus shares):				
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	Day Month 2 5 1 1 2	<i>Year</i>	To Day Month Year		
Class of shares (ordinary or preference etc)	ORDINARY	ORDINARY	ORDINARY		
Number allotted	55883 `	35688	16502		
Nominal value of each share	10P	10P	10P		
Amount (if any) paid or due on each share (including any share premium)	ch 2.93	2.33	1.19		
List the names and addresses of the	ne allottees and the number	of shares allotted	d to each overleaf		
If the allotted shares are fully	or partly paid up other	wise than in c	ash 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)					



the Registrar of Companies at:

Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales

DX 33050 Cardiff

DX 235 Edinburgh

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

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

Shareholder details		Shares and share class allotted			
Name MERRILL LYNCH INTERNATION	IAL ACCOUNT 686	Class of shares allotted	Number allotted		
Address 20 FARRINGDON ROAD		ORDINARY	108073		
LONDON					
UK Po	stcode EC1 LLL	1	L		
Name		Class of shares allotted	Number allotted		
Address		-			
UK Po	stcode	L			
Name		Class of shares allotted	Number allotted		
Address					
UK Po	stcode	L			
Name		Class of shares allotted	Number allotted		
Address					
			L		
UK Pos	stcode				
Name		Class of shares allotted	Number allotted		
Address					
UK Pos	stcode		L		
Please enter the number of continua	tion sheets (if any) attached to this	form			
igned		ate25 11 03	3		
A director / secretary / administrator / adm	inistrative receiver / receiver manager / rece ———————————————————————————————————	eiver Please o	delete as appropriate		
lease give the name, address, elephone number and, if available,					
DX number and Exchange of the					
erson Companies House should ontact if there is any query.		Tel			
	DX number	DX exchange			