

for the record

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. **CHWP000** 

**Company Number** 

1003653

Company name in full

WPP	Group plc			

## 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			10		
Day	Month	Year	Day	Month	Year
2 7	1 1	2 0 0 3			

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	ORDINARY	ORDINARY
300	300	300
10P	10P	10P
3-40	3.40	3.40

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

contract is not in writing)

(This information must be supported by the duly stamped contract or by the duly stamped particulars on Form 88(3) if the

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 	 	<u> </u>	

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

COMPANIES HOUSE

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

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

Shareholder de	Shares and share class allotted		
Name Jocentene Allo	ne	Class of shares allotted	Number allotted
Address Osleng & mont	her ee U	ORDINARY	300
Pars, 75008	, FRANCE	1	L
	tcode		L
Name Laurence Ba	ndet	Class of shares allotted	Number aliotted
Laurence Ba Address as above		ORDINARY	300
UK Pos	tcode ညည		
Name Therry Bon	net	Class of shares allotted	Number allotted
Address As about	e	ORDINARY	300
UK Pos	tcode		L
Name		Class of shares allotted	Number allotted
Address			
			L
UK Pos	tcode	<u></u>	L
Name		Class of shares allotted	Number allotted
Address		_	
		_   .	L
UK Pos	tcode		
Please enter the number of continuat	ion sheets (if any) attached to this	s form	
Signed	And the state of t	Date	os.
A director / secretary / administrator / admin		( - (	delete as appropriate
Please give the name, address, elephone number and, if available,			
DX number and Exchange of the erson Companies House should contact if there is any query.		  Tel	
-	DX number	DX exchange	