

Return of Allotment of Shares

Please complete in typescript, or

in bold black capitals. CHFP000			
Company Number	03928112		
Company name in full	MCGARRY MANAGEMENT SERVICES LIMITED.		
Shares allotted (including bor	nus shares):		
	From To		
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 2 0 7 2 0 0 4		
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted			
Nominal value of each share	<i>‡</i> 1		
Amount (if any) paid or due on each share (including any share premium)	ch ∉i		
List the names and addresses of th	ne 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)			
Mar	When you have completed and signed the form send it to		



26/07/04

the Registrar of Companies at:

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

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB DX 235 For companies registered in Scotland **Edinburgh**

DX 33050 Cardiff

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

Shareholder details	Shares and share class allotted	
Name MR CHRISTOPHER MACMENIGALL	Class of shares allotted	Number allotted
Address 12 WESTON CLOSE, UPTON GREY,	ORDINARY	. 1
BASINGSTOICE, HANTS		<u> </u>
UK Postcode RG252KX		<u> </u>
Name	Class of shares allotted	Number allotted
Address		
UK Postcode		
Name	Class of shares allotted	Number allotted
Address	<u> </u>	
		<u> </u>
UK Postcode しょこにしに	L	
Name	Class of shares allotted	Number allotted
Address		
		<u> </u>
UK Postcode	·	<u></u>
Name	Class of shares allotted	Number allotted
Address		
		L
UK Postcode		1
Please enter the number of continuation sheets (if any) attached to this	s form	
Signed	S17104	
A director / eccretary / administrator / administrativo receiver / receiver manager / rec	ceiver Please d	lelete 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