

Package: 'Laserform'
by Laserform International Ltd

88(2)

Return of Allotment of Shares

Please complete in typescript,
or in bold black capitals

CHFP025

Company Number

6290175

Company name in full

49 MOSTYN AVENUE MANAGEMENT COMPANY LIMITED

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

02 09 2008

Class of shares

(ordinary or preference etc)

ORDINARY

Number allotted

1

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

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 signed the form please 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

SATURDAY



A51 06/09/2008 248
COMPANIES HOUSE

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

Shareholder details		Shares and share class allotted	
Name MARGARET JOSEPHINE MORAN Address FLAT 2, 49 MOSTYN AVENUE, LLANDUDNO UK Postcode LL30 1YY		Class of shares allotted ORDINARY	Number allotted 1
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
Name Address UK Postcode		Class of shares allotted 	Number allotted

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

Signed

NQO

Date

2/9/2008

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

GAMLINS	
14/15 TRINITY SQUARE, LLANDUDNO, CONWY, LL30 2RB	
Tel 01492 860420	
DX number 11357	DX exchange LLANDUDNO