

**Return of Allotment of Shares** 

Please complete in typescript, or in bold black capitals. CHFP000

**Company Number** 

Company name in full

163096			
DYSON GROUP PLC			
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## Shares allotted (including bonus shares): From To Date or period during which Day Year Month Year Month Day shares were allotted (If shares were allotted on one date 2 enter that date in the "from" box) 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		
215,280		
£0.25	a	
£ 0.687		

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 send it to the Registrar of Companies at:

7e **COMPANIES HOUSE** 13/07/04

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB

Companies House, Crown Way, Cardiff CF14 3UZ

For companies registered in England and Wales

For companies registered in Scotland

DX 235 Edinburgh

DX 33050 Cardiff

Form revised January 2000

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

Shareholder de	etails <sup>1</sup>	Shares and share	ciass allotted
Name Willbro Nominees Limited	ı	Class of shares allotted	Number allotted
Address PO Box 515, 6 Broadgate,	London,	Ordinary	215,280
UK Pos	E C 2 M 2 R I	P	<u> </u>
Name		Class of shares allotted	Number allotted
Address			
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UK Pos	tcode	_	
Name		Class of shares allotted	Number allotted
Address	***		
UK Pos	tcode L L L L L L L	_	
Name		Class of shares allotted	Number allotted
Address			
UK Pos	tcode	_	
Name		Class of shares allotted	Number allotted
Address			
1			
UK Pos	tcode i	_	
Please enter the number of continuat	ion sheets (if any) attached t	o this form	
igned (CMCQu		Date \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
A director / secretary / administrator / admin	nistrative receiver / receiver manage	· ·	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.

HQ/f			
Neville Registrars L	imited, Neville Hou	se, 18 Laure	l Lane,
Halesowen, West M	lidlands, B63 3DA	Tel	0121-585-1131
DX number	DX exch	ange	