



00030593

COMPANIES FORM No. 98(2) (Rev. 1989)

Return of allotments of shares

98(2)

Please do not write
in this margin

Please complete
legibly, preferably
in black type, or
bold block
lettering

* Insert full name
of company

† Distinguish
between ordinary
preference, etc.

§ Complete
(a) or (b) as
appropriate.

Pursuant to Article 98(2)(a) of the Companies
(Northern Ireland) Order 1986

To the Registrar of Companies (address of office)
(see note 1)

DEPARTMENT OF ENTERPRISE
TRADE AND INVESTMENT
11 MAR 2005
POST RECEIVED
COMPANIES REGISTRY
REVISED 1989
This form replaces forms
PUC2, PUC3 and 98(2)
Company number
47189

1. Name of company

* EARL LEWIS LIMITED

2. This section must be completed for all allotments

Description of shares†	ORDINARY		
A Number allotted	399		
B Nominal value of each	£ 1	£	£
C Total amount (if any) paid or due and payable on each share (including premium if any)	£ 399	£	£

Date(s) on which the shares were allotted

(a) [on 14/12/2004 20]\$, or

(b) [from 20 to 20]\$

The names and addresses of the allottees and the number of shares allotted to each should be given overleaf

3. If the allotment is wholly or partly other than for cash the following information must be given (see notes 2 & 3)

D Extent to which each share is to be treated as paid up. Please use percentage	N/A		
E Consideration for which the shares were allotted	N/A		

NOTES

1. This form should be delivered to the registrar of companies within one month of the (first) date of allotment.
2. If the allotment is wholly or partly other than for cash, the company must deliver to the registrar a return containing the information at D & E. The company may deliver this information by completing D & E and the delivery of the information must be accompanied by the duly stamped contract required by Article 98(2)(b) of the Companies (Northern Ireland) Order 1986 or by the duly stamped prescribed particulars required by Article 98(3) of that Order (Form No. 98(3)).
3. Details of bonus issues should be included only in section 2.

Presenter's name, address, telephone
number and reference (if any):

For official use
Public Office

Document
Checking Section

4. Names and addresses of the allottees

Please do not write in
this margin

[illegible]

**Please complete
legibly, preferably in
black type, or bold
block lettering**

Where the space given on this form is inadequate, continuation sheets should be used and the number of sheets attached should be indicated in the box opposite:

Signed

John

Director/Secretary*

DIRECTOR

Date _____

8/3/2005

* Delete as appropriate

This form should be delivered to:

The Registrar of Companies
First Floor
Waterfront Plaza
8 Laganbank Road
Belfast
BT1 3BS