PLEASE COMPLETE IN **TYPESCRIPT OR IN BOLD BLACK CAPITALS** 

## 88(2)

HFPO83	Return of Allotment of Sha				
Company Number	73975				
Company name in full	Exel pic				
Shares allotted (including bonus					
Date or period during which hares were allotted if shares were allotted on one date onter that date in the "from" box.)	From To    Day   Month   Year   Day   Month   Year				
Class of shares ordinary or preference etc) Number allotted	Ordinary 1,777				
lominal value of each share	27.7/9p				
Amount (if any) paid or due on each hare (including any share premium)	4.75850000				
	ne allottees and the number of shares allotted to each overleaf partly paid up otherwise than in cash please state:				
% that each share is to be reated as paid up					
Consideration for which he 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.)					

A29 \*AXPO COMPANIES HOUSE 23/11/02

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 **DX235** For companies registered in Scotland Edinburgh

Names and addresses of the allottees	(List	joint share	allotments	consecutively)
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Shareholder details		Shares and share	class allotted
Name MR KEITH DARREN TALBOT		Class of shares allotted	Number allotted
Address 58 LIME TREE AVENUI	E TILE HILL	ORDINARY	666
COVENTRY WEST MIDLA	1	1	
UK Postcode	C V  4  9  F D		
Name MR MARK WOODING		Class of shares allotted	Number allotted
Address 65 WELLESBOURNE R	ORDINARY	1,111	
COVENTRY			
LIK Pos	stcode  _ C _ V _ 5 _ 7 _ H  N _		<u></u>
Name	scode O V O 7 TIN	Class of shares allotted	Number allotted
Address			ı
	AND THE STATE OF T	_	1
	stcode  _  _  _  _  _  _  _		
Name 		Class of shares allotted	Number allotted
Address		.   	I
			1
UK Po	ostcode		L
Name		Class of shares allotted	Number allotted
Address		TOTAL	1,777
UK Pos	stcode		
Please enter the number of contin	nuation sheet(s) (if any) attached to	this form :	
ned	trative-receiver / receiver manager / receive	Date 22 II 02 Please delet	e as appropriate
ase give the name, address,			
phone number and, if available, X number and Exchange of the			
son Companies House should			