

**Return of Allotment of Shares** 

То

Please complete in typescript, or in bold black capitals. CHWP000

Com	pany	Num	ber

04992207

Com	pany	name	in	full
~~	~~!!	HUILIC		

GROUP 4 SE	CURICOR PLC	•			_
				 	_

## 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)

Day	Month	Year	Day	Month	Year
1   3	0   3	2 0 0 6			

From

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			
4317			
£0.25	_		
64p			

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:

%	tnat	eacn	share	IS	to	be
tre	eated	as p	aid 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)

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When you have completed and signed the form send it to the Registrar of Companies at:

18/03/2006 COMPANIES HOUSE

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 For companies registered in Scotland

**DX 235 Edinburgh** 

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

Shareholder details Shares and share class		class allotted	
Name MR ALEC KUZYSZYN		Class of shares allotted	Number allotted
Address 30 LANGDEN CRESCENT,		ORDINARY	4,317
BAMBER BRIDGE, PRESTON, LANCS	}		
UK Po	stcode PR5_6ND		L.,,
Name		Class of shares allotted	Number allotted
Address			,
LIK Po	stcode		
Name	Stoode L L L L L	Class of shares	Number
Address		allotted	allotted
UK Po	stcode ∟∟∟∟∟∟∟		
Name		Class of shares allotted	Number allotted
Address			
L	-1		
	stcode LLLLL		
Name		Class of shares allotted	Number allotted
Address			<u></u>
LIK Po	stcode	_	
Please enter the number of continua	ation sheets (if any) attached to thi	s form	
Signed A director Secretary / administrator / adm	ninistrative receiver / receiver manager /-re	Date         16.3.06           eewer         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.		Tel	
	DX number	DX exchange	